

**The Westport Library Material, Program, and Display Reconsideration Request Form In accordance
with Connecticut Public Act 25-168 Sec. 322, 323**

I. Requestor Information

This form may be submitted by any resident of the Town of Westport. Submissions submitted anonymously or by non-residents of Westport will not be considered. The form must be completed in its entirety. Forms submitted must include the submitter's full legal name, address, and telephone number, and other relevant information. An individual shall not submit a request for reconsideration without this information included.

- Full Legal Name: _____
- Mailing Address: _____
- Phone Number: _____
- Email Address: _____
- Attestations (must check both):
 - I am an individual currently residing in Westport, CT as of today's date.
 - I am filing this request as an individual, not on behalf of any organization.

II. Material, Program, or Display Information

- Title of Material, Program, or Display: _____
- Author/Creator/Program/Artist/Producer/Displayer: _____
Format: Book Magazine Movie/Video Digital Media Program
 Display Music Audio Newspaper Artwork Database Other:

- Where was/is material, display or program located in the Library?

III. Policy-Based Considerations

Per Connecticut Public Act 25-168 Sec. 322, 323, materials, programs, or displays may not be removed or cancelled solely because some may find them offensive. Decisions will be based on the Library's Collection Development and Maintenance Policy, Program Policy or Display Policy (as applicable), considering relevance, diversity of viewpoints, and literary or educational value.

- Are your concerns based on disagreement with the ideas or viewpoints expressed?
 Yes No

If yes, please explain: _____

Nature of Concerns or Objections

Please respond to the following as specifically as possible:

1. What portion or portions of the material, program, or display is concerning to you? (Include exact passages, scenes, or topics of concern, if applicable.) Attach additional pages if needed.

2. Explain the reason for your concerns or objections. Attach additional pages if needed.

3. Have you read/viewed/listened to the entire material, program, or display?
 Yes No If not, what portion did you engage with? _____
4. Have you read the relevant Library Policy (Collection Development and Maintenance Policy, or Program Policy, or Display Policy and the Reconsideration of Library Material, Display and Program Policy)?
 Yes No
5. In your opinion, is the item on display, in the Collection, or being presented at the Library in contravention of a relevant policy?
 Yes No If yes, which policy section? _____
6. Who do you believe is the intended audience for this material?

7. What brought this material, program, or display to your attention?

8. What age group do you think the material, program, display is intended for?

9. For what age group should this material, program, or display be recommended?

10. Overall, do you think there is any value in the material, program or display? Yes No
11. Are there any resources you can suggest providing additional information or other viewpoints on this topic? _____
12. Are you aware of any professional reviews dealing with this material, program, or display? If so, please include the information. _____
13. Why do you think your negative feelings about this material, program, or display should prevent other members of the Westport community, who may not share your concerns or objections, from accessing this material, program, or display?

14. What would you like the Library to do about this material, program, or display?
 - i. Reclassify to a different section
 - ii. Remove from the Library
 - iii. Other : _____

IV. Review Process Acknowledgement

A written response will be provided by email within sixty (60) days of receipt of this form. Reconsideration requests and decisions are not confidential patron records under section 11-25 of the Connecticut General Statutes. I understand that this request will be considered in accordance with the Library’s policies and the principles of intellectual freedom.

I affirm that the information provided in this form is accurate to the best of my knowledge.

Signature: _____

Date: _____

V. Submission Instructions

Return completed form to: Executive Director, The Westport Library at bharmer@westportlibrary.org

Please put Reconsideration of Material/Program/Display in the Subject Line

Staff Use Only: Date Received:
(*Please attach all relevant documentation.*)

- Received by: _____

Date of Decision: _____

- Decision Summary:

Retained

Reclassified

Removed

Other: _____

• Written Response Sent on: _____

• Appeal Process Initiated: Yes No

• Final Resolution (if appealed) _____