

**Calvert Library**  
**850 Costley Way**  
**Prince Frederick, MD 20678**

Branch \_\_\_\_\_ Date \_\_\_\_\_

***Materials Reconsideration Form***

We appreciate your concern. Please return this form to the library for re-evaluation of materials. You will be contacted by the Director regarding this concern.

1. Have you read the Materials Selection Policy? \_\_\_\_ (Y/N)
2. Are you a Calvert County Resident? \_\_\_\_ (Y/N)
3. Title: \_\_\_\_\_ DVD/Blu-ray \_\_\_\_ Other  
Author: \_\_\_\_\_ Book \_\_\_\_ Audio-book  
Publisher (if known): \_\_\_\_\_
4. In what section of the library is the material located?  
\_\_\_\_ Adult \_\_\_\_ YA/Teen \_\_\_\_ Children
5. How was the material brought to your attention? \_

- \_\_\_\_\_
- \_\_\_\_\_
6. Did you read, view, or listen to the entire work? \_\_\_\_ (Y/N)
  7. What is your objection to the material? Be specific; cite pages; etc.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. What, in your opinion, is the theme of the material? \_

- \_\_\_\_\_
- \_\_\_\_\_
9. Have you seen or heard reviews of this material? \_\_\_\_ (Y/N)
- If yes, please name source: \_\_\_\_\_

10. What do you feel might be the result of using this material? \_

- \_\_\_\_\_
- \_\_\_\_\_
11. What would you like your library to consider doing about this material?

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Contact Information:

Preferred Phone Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Organization or Group Represented, if any: \_\_\_\_\_

Signed: \_\_\_\_\_

Print or type name: \_\_\_\_\_