

Request for Reconsideration

public library	Please complete this form and return it to a staff member. Date					
•	Name					
	Name Phone # Address					
800 Vine Street Cincinnati OH 45202-2009	•			·		
	Do you represent: ☐ yourself ☐ an organization? (check one)					
		ic. — yoursen — an organ	ization: (check one	-)		
What type of material or service are you commenting on?	☐ Book	☐ Magazine	☐ Library Progra	m	m	
	☐ Music CD	☐ Display/Exhibit	☐ Newspaper ☐		lacksquare Audiorecording	
	☐ Slide	☐ Internet Resource/Site	te 🗖 Other (brief description)			
What item/program/ display/exhibit are you commenting on?	If commenting on an item, what is the title and sutherdense alone 2					
	If commenting on an item, what is the title and author/performer/producer?					
	If commenting on a program/display/exhibit what it the title and the date?					
How did this title/event/ display/program/exhibit come to your attention?	(Recommended by staff member, review, friend's recommendation, found on shelf, visited library, library calendar announcement, publicity announcement, etc.)					
Did you read or listen						
o the entire work, stay for the entire program,						
view the entire display? f not, which selection						
or part did you read or						
view?						
What is it that you find bjectionable? Please						
pe specific; cite pages,						
excerpts, or scenes whenever possible.						

Staff use only:

Staff Initials .

Thank you for your comments. A member of our Administrative Staff will contact you regarding your concerns. Please use the back of this page for further comments if necessary.