

# PATTERSON LIBRARY

## RECONSIDERATION OF LIBRARY PROGRAMS FORM

Library policy requires that requests for reconsideration of library programs be filed on this form. A copy of the Library's Programs Policy will be made available to you. Please answer the questions, sign and date the form. Thank you for taking the time to provide the necessary information.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Do you represent yourself? \_\_\_\_\_ Organization? (name) \_\_\_\_\_

Program on which you are commenting (circle one)

Presenter \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

1. What concerns you about this program?

2. Is your objection to this program based upon your personal exposure to it, upon reports you have heard, or both?

3. Did you attend the program in its entirety?

4. What do you feel might be the result of hearing or seeing this program?

5. What do you believe is the theme of this material?

Signature \_\_\_\_\_ Date \_\_\_\_\_