

Trumbull Library Request for Reconsideration Form

Please include your full name, address, and telephone number on this form or it will not be accepted. All requests must be from an individual residing in the town.

The Trumbull Library values your opinion and takes your concern seriously. If you would like us to reconsider an item in our collection, please complete this form, indicating the specific nature of your concern. Sign the form and the Library Director will respond to your concern.

Please note the patron requesting reconsideration of library material will be given a packet of documents that includes the library's Collection Development and Maintenance Policy, the Library Bill of Rights, the Freedom to Read, and the Freedom to View statements from the American Library Association. These documents are available at the Information Desk and must be picked up in person, as well as online at: <https://www.trumbull-ct.gov/702/Policies>.

1. Resource on which you are commenting:

<input type="checkbox"/> Book	<input type="checkbox"/> Music CD	<input type="checkbox"/> Library Program
<input type="checkbox"/> Magazine	<input type="checkbox"/> Audio book	<input type="checkbox"/> Library Display
<input type="checkbox"/> Newspaper	<input type="checkbox"/> DVD/Movie/TV Show	

Other (Please Specify): _____

2. Title: _____

Author/Producer: _____

3. What brought this to your attention? _____

4. Specify which portion or portions of such material that you object to and provide an explanation of the reasons for such objection.

5. I read, listened to, or viewed this material completely. ____ Yes ____ No

6. Please explain the theme, intent, or focus of this particular work in your own words.

7. Who do you believe is the intended audience for this particular work?

8. Are you aware of the Library's Collection Development Policy? ____ Yes ____ No

9. What would you like the Library to do about the item in question?

____ To consider my opinion; no other action necessary.

____ Formally review the material.

____ Respond to me directly as to the decision made following the review of item.

10. Can you recommend another work covering the same subject that could be considered for purchase? Yes ____ No ____ If so, please provide title and author/creator _____

Contact Information: (An individual shall not submit a request for reconsideration without this information included)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Email: _____ Phone # _____

Do you represent yourself? _____

Do you represent an organization? (please identify) _____

Do you have a Trumbull Library card? ____ Yes ____ No

Please sign and date below and return this form to the Library Director. You will be notified within 60 days of receipt of the results of the reconsideration process. Reconsideration requests are not confidential patron records under section 11-25 of the CT General Statutes.

Date

Signature

Note: For a formal review of material, all fields must be completed, and this form must be signed and dated. This form cannot be filled out on behalf of a group or organization.

Adopted by the Trumbull Library Board of Trustees on November 12, 2025