



Mid-Continent Public Library Reconsideration Request Form

Mid-Continent Public Library (MCPL) values the opinions of its community of users. MCPL card holders are free to express opinions or concerns about specific library item, displays, and programs, collectively referred to as material on this form. The choice of library materials accessed by a library user is an individual matter. Responsibility for library materials selected and accessed or programs and events attended by minors rests with their parents or legal guardians.

Procedures have been developed by MCPL to ensure that requests for review of items, displays, or programs are evaluated in an objective and timely manner.

Reconsideration request forms must be fully completed and reflect the customer's own review of the item, display, or program in its entirety. The Library may decline to process forms that are incomplete, anonymous, or contain substantially identical language submitted by multiple individuals.

The Library's review committee is comprised of five staff members and will evaluate the material as a whole using objective criteria, which may include but is not limited to:

- Alignment with the Library's mission and Collection Development Policy.
- Intended audience and age guidance (publisher recommendations and professional reviews).
- Developmental suitability for the publisher's intended audience.
- Nature and degree of sexually explicit or instructional sexual content.
- Overall educational, literary, artistic, or informational merit in context.
- Community relevance and impact on overall collection balance.
- Consistency with standard library classification and placement practices.
- Placement that maintains access while ensuring age-appropriate shelving.

All complete reconsideration request forms submitted to library are evaluated by the staff review committee and will receive a response when received. A final decision may take a minimum of 30 days from the receipt of the completed form and will be sent to the requestor listed on this form in writing.

While a item, display, or program is under active review, additional requests regarding the same or substantially similar concerns will not initiate a new review. Such requests will be acknowledged and included in the existing review record.

Requestor's Information

Date:

Library Branch:

Full Name:

Library Card Number:

Address:

Phone Number:

Email Address:

Note: Providing an email address ensures timely communication of updates and decisions regarding this request.

Reconsideration Request Information

Please check which category of material you are requesting to be reviewed:

Item (book, audiobook, eBook, eAudiobook, newspaper, magazine, or database article)

Display (book displays, display case materials)

Program

Please complete the following information for the category of material selected above:

Item Information

Title:

Author:

Publisher (if applicable):

Published date:

Display Information

Subject of display:

Date display was noted:

Location of display within the branch:

Program Information

Title of Program:

Date program took place:

Please answer all six (6) questions below regarding this request. Blank answers will render this form incomplete.

I. Have you read/viewed/listened to the entire item, display, or program?

Yes

No

Why or why not? Please explain in the space provided.

2. What specifically about this material is objectionable? Please include page numbers, scenes, etc.

3. How did you learn about the material in question?

4. Is the material suitable for some age levels? Please specify.

5. How have you been adversely affected by this material?

6. What material would you suggest to substitute for this item, display, or program?

Certification – I certify that I live in the Library District, that I am a library card holder in good standing, and that the foregoing is true and correct. I understand and agree that any false statements made on this form or an incomplete form render this request null and void and will not be evaluated by the Library.

Requestor's signature:

Date:

Please return this form to your local library branch or email to reconsiderationrequest@mymcpl.org.

For Library Use Only:

Form received by (staff member name):

Date received by staff:

This section to be completed by the Review Committee Coordinator: Date

received by Review Committee:

Date decision was communicated to the customer:

Attach a copy of the decision and communication to this completed form.