

Thomaston Public Library Request for Reconsideration of Library Materials

Note: This form must be fully completed to be considered. Requests for Reconsideration are accepted only from residents of Thomaston, Connecticut. Please submit in person to the Library Director.

The Library limits requests to reconsider material, displays, or programs to individual residents of Thomaston, CT. Please see our reconsideration policy for further information on this process.

All library materials are evaluated and made accessible in accordance with the protections against discrimination set forth in section 46a-64 of the general statutes.

Reconsideration requests are not confidential patron records under section 11-25 of the Connecticut General Statutes.

Section 1: Contact Information (Bold is required)

Name: _____

Date: _____

Address: _____

Phone Number: _____

Email: _____

Section 2: Resource Information

Type of Material (check all that apply):

☐ Book ☐ Movie ☐ Magazine ☐ Library Program ☐ Music

☐ Display ☐ Newspaper ☐ Artwork ☐ Other (specify): _____

Title: _____

Author/Artist/Producer: _____

Section 3: Nature of the Concern

1. What brought this material to your attention?

2. Have you read/viewed the entire material? ☐ Yes ☐ No

3. Which specific portion(s) of the material do you object to, and why? (Use additional pages if needed.)

4. What concerns you about this material?

5. What do you believe is the purpose of the material?

6. For what age group do you believe this material is appropriate?

7. Do you believe there is any value in this material? ☐ Yes ☐ No Please explain:

8. Are there other resources you would suggest that present additional or alternative viewpoints on this topic?

9. Are you aware of any critical reviews of this material? ☐ Yes ☐ No

If yes, please list sources or attach copies:

Section 4: Request for Action

Why do you believe your concerns should affect others' access to this material?

What specific action would you like the library to take?

☐ Remove the item from the collection

☐ Restrict access to certain users (please specify): _____

☐ Reclassify the item

☐ Other (please describe): _____

Signature

By signing this form, I confirm that I am a resident of Thomaston, CT, and that I have read or viewed the material in question (in whole or in part). I understand that reconsideration requests are not confidential records under Section 11-25 of the Connecticut General Statutes.

Signature: _____

Date: _____

Approved by the Town of Thomaston Public Library Board of Trustees, October 7, 2025