



**REQUEST FOR REVIEW OF LIBRARY MATERIAL**

Any City resident cardholder who objects to the presence of a work must complete this form. Only one form per household may be submitted and a requestor may only have one active form for the duration of the request process. The material being challenged must have been read, watched, or listened to in full by the requestor. Responses may not be cut and pasted from other resources outside of a requestor’s own work. This form must be completed in full before the review process. A decision will be provided within thirty (30) days from the date of the request. Any appeal received in advance of three business days from the next regularly scheduled meeting shall be added to the agenda of that meeting of the Board. If the appeal is received within three (3) business days of the next regularly scheduled meeting, the appeal will be added to the subsequent monthly meeting of the Board. A final determination will be made in writing to the requestor within thirty (30) days of the Board meeting. If an appeal is not timely submitted on the initial decision, such decision will become a final determination. Please see the [Collection Management Policy](#) for additional information.

Date of Request: \_\_\_\_\_

Request initiated by: \_\_\_\_\_ Library Card number: \_\_\_\_\_

Telephone\_(\_\_\_\_\_)\_\_\_\_\_ Email address: \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip Code

Whom do you represent? Yourself \_\_\_\_\_  
Organization \_\_\_\_\_ Name of organization: \_\_\_\_\_

Material on which you are commenting:

Book \_\_\_\_\_ Video \_\_\_\_\_ Audio \_\_\_\_\_ e-Resource \_\_\_\_\_ Other \_\_\_\_\_

Author/Producer \_\_\_\_\_

Title \_\_\_\_\_

Publisher and edition (if known) \_\_\_\_\_

1. How did you learn about the material?

2. Have you read/listened/viewed the material in its entirety? YES NO
  
3. What concerns do you have about the material? Provide citations and quotes including page numbers from the material.
  
  
  
  
  
  
  
  
  
  
4. Please evaluate the material's positive and negative qualities.
  
  
  
  
  
  
  
  
  
  
5. How has the material been assessed in professional review sources, please list the source(s) and provide citations.
  
  
  
  
  
  
  
  
  
  
6. Who would be negatively impacted by this material and how (citations and evidence required)?
  
  
  
  
  
  
  
  
  
  
7. For what age group would you recommend the material to?

8. Are there alternatives to this material which MRSPL could consider? Please include titles and professional reviews of the replacement(s).

9. What action do you request the review panel to take?

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Signature of Patron

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Date

Thank you for your comments. You will receive a response from the Library Director within thirty)30) days.

Please return the completed form to: Library Director, Mary Riley Styles Public Library, 120 N. Virginia Avenue, Falls Church, VA 22046.

Adopted by the Library Board of Trustees, June 21, 2023.