Dear Library User:

Thank you for your open communication with the Dickinson County Library regarding your library’s programming. We appreciate your interest and welcome all comments and input from our community.

Before you begin the reconsideration process, we ask that you thoroughly review the library’s Programming Selection Policy. This policy outlines the responsibilities of the library staff and the criteria for program selection. The reconsideration process is also explained in this policy.

Included with this letter is the form “Request for Reconsideration of Programming.” Please note that the form must be completed in full before any request can be reviewed by the library staff, management, or Board of Trustees.

Again, we do appreciate your interest and concern. We look forward to the opportunity to engage in constructive dialogue with you regarding the library’s mission, programming, and services. Please do not hesitate to contact the Administrative Office with any questions you may have.

Sincerely,

Megan Buck, Director
Request for Reconsideration of Programming - Dickinson County Library

In order to have your request receive full and careful consideration, you must answer every question completely and return this form to the library.

Your Name: ________________________________
Address: ________________________________
City/State/Zip: ____________________________
Phone ________________________________
Do you have a current library card from the Dickinson County Library (Y or N) __________

Title of Program: ________________________________
Date(s) of Program: ________________ Advertised Audience: ________________________________
If not library staff, Person Presenting the Program: ________________________________
Format (circle one)

- Take-N-Make Kit
- In-Person/On Site
- In-Person/Off Site
- Virtual Live Stream
- Virtual Recording

1. Did you attend, view, or listen to the entire program? (Y or N) ________

2. If this program is part of a reoccurring series of programs, have you attended these programs in the past? (Y or N or N/A) ________

3. To what in the program do you object? Please be specific.

4. What do you feel might be the result of attending or viewing this program?

February 2023
5. Although you object to this program, does it have any merit? What are some good or positive things about this program?

6. What do you think is the purpose of this program? (Educational, Entertainment, etc.)

7. Are you aware of other similar programs in other libraries or in the community?

8. What would you like the library to do about this program?

9. Would you care to recommend other programming ideas for the same audience and in the same format?

10. Do you think that another person has a right to tell you what events or programs you can or cannot attend or view?

Signature ____________________________ Date __________________________

February 2023