



## Hartford Public Library Request for Reconsideration Form

The Hartford Public Library has adopted a Review and Reconsideration Policy and procedures for gathering input from Hartford Public Library cardholders and Hartford residents regarding particular materials, displays, exhibits and programs. If you wish to share a concern, please return the completed form to any HPL location or mail to the address below. You may include additional information for each section as needed.

The customer requesting reconsideration will be provided with a copy of the Library's Collection Development and Maintenance Policy, Program and Exhibit Policy, the Library Bill of Rights, the Freedom to Read, and the Freedom to View statements from the American Library Association.

Please include your full name, address, and telephone number on this form or it will not be accepted. All requests must be from a Hartford resident or HPL card holder.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

1. Resource on which you are commenting:

Book (e-book)\_\_\_\_ Movie\_\_\_\_ Magazine\_\_\_\_ Audio Recording\_\_\_\_ Digital Resource\_\_\_\_  
Game \_\_\_\_ Newspaper\_\_\_\_ Display\_\_\_\_ Program/Event\_\_\_\_ Other\_\_\_\_

Title of Resource/Program:

Author/Producer:

Description of Display/Exhibit:

2. At which Library location is your concern based?

3. What brought this resource/program to your attention?

**For books or other physical and digital resources, complete this section:**

4. Have you examined the entire resource? If not, what sections did you review?
5. What concerns you about the resource? Please cite specific examples.
6. Can you recommend another work covering the same subject that could be considered for purchase? If so, please provide title and author/creator.
7. What action are you requesting the Library consider?

**For programs, displays and exhibits, complete this section:**

8. Did you attend the program, view the display or exhibit? Do you intend to attend the program, view the display or exhibit?
9. What concerns you about the program, display or exhibit?
10. What action are you requesting the Library consider?

Do you currently have a Hartford Public Library card? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you represent Yourself \_\_\_\_\_ An organization or group \_\_\_\_\_

Organization or group name (if applicable):



Sign and date below and return this form to:

Office of the President and CEO  
Hartford Public Library  
500 Main St.  
Hartford, CT 06103

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.

I have read and understand the Hartford Public Library's Collection Development and Maintenance Policy, Program and Exhibit Policy, and the Request for Review and Reconsideration Policy.

Signature \_\_\_\_\_ Date

Approved by the Hartford Public Library Board of Directors: October 9, 2025