

**HALL MEMORIAL LIBRARY**

**Request for Review and Reconsideration of Library Resources Form**

The Hall Memorial Library has established policies for the development and provision of library resources, including collection materials, programming, and displays, that include a provision and procedure for the expression of concerns by Town of Ellington residents. Completion of this form is the first step in that procedure. Use additional sheets is necessary. If you wish to request review and reconsideration of a resource, program or display, please return the completed form to the Library Director.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you represent yourself? \_\_\_\_ Or an organization? \_\_\_\_ Name of Organization \_\_\_\_\_

1. Resource on which you are commenting:

\_\_\_ Book

\_\_\_ Magazine

\_\_\_ Digital Resource

\_\_\_ Newspaper

\_\_\_ Movie

\_\_\_ Audio Recording

\_\_\_ Game

\_\_\_ Other

\_\_\_ Program

\_\_\_ Program Materials

\_\_\_ Display

Title \_\_\_\_\_

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

2. What brought this resource to your attention?

\_\_\_\_\_  
\_\_\_\_\_

3. Have you read/viewed the entire resource? If not, what sections did you review?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What portion or portions of this resource do you object to? Please provide an explanation of the reasons for such objection?

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5. What do you see as the negative consequence of reading/viewing this resource?

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6. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

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7. What action are you requesting the committee consider?

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**Fill out this form completely and return to:**

**Library Director  
Hall Memorial Library  
93 Main Street, PO Box 280  
Ellington, CT 06029  
hallmlib@ellington-ct.gov**

9/2025

Approved by State Library 9/18/2025

HML LBOT 10/14/2025