Request for Reconsideration of Library Program

Frankfort Public Library District cardholders who wish to have Library programs or events reconsidered must completely fill out and sign this form. The program will then be reviewed, and the Library Director will notify the resident of the outcome. Please note that this form is not confidential. Only one Request for Reconsideration of Library Program per cardholder will be considered at one time.

Contact Information

Name:

Address:

Phone: E-Mail Address:

Library Card Number:

Whom do you represent:

☐ Myself ☐ Organization:

Program Information

Name of Program:

Program Date:

Reconsideration Information

Have you read the Frankfort Public Library District's Programming Policy? ☐ Yes ☐ No

How was this program brought to your attention (*Recommendation by staff member/someone else, enewsletter, visited the Library, publicity, etc.*)?

What concerns do you have about this program? Please be as specific as possible.

What do you feel might be the result of attending this program?

For what age group do you feel this program is intended?

If you attended the program, did you stay for the entire program? If not, which parts did you view?

Can you recommend a program/speaker of comparable quality that may provide a similar perspective and/or other viewpoints?:

What action are you requesting the Library take?

Resident Signature

Signature of FPLD Resident Date

Library Use Only

Received By: Date: