



Carnegie Library of Pittsburgh (CLP) Materials Reconsideration Request

Name _____ Date _____

Address _____

Phone _____

CLP or Other ACLA Library Card Number _____

Item Information

Author _____

Title _____

CLP Call Number _____

Book Audiobook Magazine/Newspaper Movie Music CD Other

What brought this item to your attention?

Why do you feel CLP should reconsider this item?

Did you read, listen to, or view the item in its entirety? _____Yes _____No

If not, what sections did you review?

What specific page(s), passage(s) or section(s) of the item illustrate your point?

Would you regard the item as appropriate for any age group? If so, which?

What action do you wish the Library to take? Please describe and tell us why.

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

Other comments that would be helpful to the committee reviewing this request?

Form accepted by _____

Department /Branch _____

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