



**Strathcona County Library**  
**401 Festival Lane**  
**Sherwood Park, AB T8A 5P7**  
**sclibrary.ca**

# Request for Reconsideration

*All persons in Canada have the fundamental right, as embodied in the nation's Bill of Rights and the Canadian Charter of Rights and Freedoms, to have access to all expressions of knowledge, creativity and intellectual activity, and to express their thoughts publicly. This right to intellectual freedom, under the law, is essential to the health and development of Canadian society.*

**~Canadian Federation of Library Associations Statement on Intellectual Freedom**

## Requestor Information

Last Name		First Name	
Address (Street) [responses are only provided to residents of Strathcona County]			Postal Code
Telephone (Residence)	(Business)	(Cell)	
Library Card# (optional)		Email	
I bring this request on behalf of			
<input type="checkbox"/> Myself		<input type="checkbox"/> Group/organization (name)	

## Description of Material/Content to be Reconsidered

Resource Type:			
<input type="checkbox"/> Print Material	<input type="checkbox"/> DVD/Audio/CD	<input type="checkbox"/> Digital Resource	<input type="checkbox"/> Display/Exhibit
<input type="checkbox"/> Program	<input type="checkbox"/> Other: (describe)		
Title/Description			
Author/Producer/Presenter/Performer		Publisher/Sponsor (if known)	
Details about the title/display/program:			

## Description of Concern

Have you read Strathcona County Library Board's Collection Development Policy CO 01?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you read Strathcona County Library Board's Public Program Policy OP 06?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you read/view/listen/attend to the entire work/program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. What is your objection to this title/display/program? [Please be specific and provide examples e.g. cite page numbers, quotes, passages, tracks, etc.]
2. What brought this title/display/program to your attention?
3. For what age/interest group would you recommend this title/display/program?
4. Is there something you would recommend in place of this title/display/program?
5. How would you like your concern to be resolved?
Further comments:

Signature and Date	
Signature of Complainant	Date (MM/DD/YYYY)

*Personal information is collected under authority of the Protection of Privacy Act, section 4(c). The personal information collected in this form will be used to contact those who are submitting the request for reconsideration and to inform library collections management decisions. For questions about the collection of personal information please contact the Privacy Officer at [privacy@sclibrary.ca](mailto:privacy@sclibrary.ca) or (780) 416-6712.*