

Citizen Review Request

We appreciate your feedback. Return this completed form to any Douglas County Libraries (DCL) location, or email it to <u>callcenterleads@dclibraries.org</u>. Library staff will review your request, research the item/service in question, and respond within seven business days. If further communication is required, library staff will direct you according to our <u>Citizen Review Request Policy</u>.

Date:	Theme/Topic of Concern:				
Item/service Details (as applica	able: title, author, material	format, location	, date seen, serv	ice, prog	ram, etc.):
Your Name:	S	ignature:			
Mailing Address:		City:	State:	Zi	p:
Phone:	Email:	R	epresenting:	Self	Organization
Organization Name (if applicab	ole):				
Organization Address:		City:	State:	Zi	p:
Are you a Douglas County Posi-	dent? YES NO				
Are you a Douglas County Resident? YES NO NOTE: The Citizen Review Request process is available to Douglas County citizens only.					
(Please initial here) I h	nave read DCL's Policies on	Access Children	n and Parents. (ìitizen Re	view Request
Curating Library Collections and				onizen ne	view nequest
	(-) Diagon by any siting sit				
Share the details of your conce	rn(s). Please be specific/cit	e exampies.			
Is there an audience for which	this [material/display/servi	ce] might be app	propriate? If so,	please sp	ecify.
What topics or content can yo additional information on the s	-	e the point of v	iew to which yo	u object,	or to provide
	•				
Library customers may request	titles they would like to se	e added to the I	ihrary's collectio	on To ma	ke a request

visit https://titlerequest.douglascountylibraries.org.