



# FORMAL REQUEST FOR RECONSIDERATION Library Materials

## ACCESSIBILITY:

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

### Note:

If a complaint has not been resolved through the informal reconsideration procedures, this form may be completed by the initiator and submitted to the Principal or Library Support Services Supervisor. The form must be completed in full by the initiator, in their own words. Incomplete forms will not be considered. The completed form will be retained to create a record of Formal Requests for Reconsideration in WCDSB.

### To Be Completed by Initiator

Date: \_\_\_\_\_ Initiated by: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Representing:  Self  Group/Organization \_\_\_\_\_

### Complete this area for the resource:

Title/Name:	Author:
Series:	Publisher:
Copyright Date:	Date Accessed:
Subcollection: <input type="checkbox"/> Picture Book <input type="checkbox"/> Easy Read <input type="checkbox"/> Fiction <input type="checkbox"/> Graphic Novel <input type="checkbox"/> Nonfiction <input type="checkbox"/> Young Adult	Format: <input type="checkbox"/> Print Book <input type="checkbox"/> eBook <input type="checkbox"/> Online Database <input type="checkbox"/> Kit

- What action are you asking the committee to consider?
  - Relabel/reclassify the material (e.g., move from the fiction section to Young Adult)
  - Remove the material from the library collection based on its content
  - Remove the material from the library collection based on the WCDSB Weeding Guidelines
  - Other (please specify): \_\_\_\_\_





9. How do you think this material might negatively impact a student?

10. Do you have an alternative resource selection?

\_\_\_\_\_  
Signature of Initiator

\_\_\_\_\_  
Date (MM-DD-YYYY)

\_\_\_\_\_  
Printed Name:

**To be filled in by WCDSB staff:**

\_\_\_\_\_  
Received by:

\_\_\_\_\_  
Date:

**Notice of Collection**

Information on this form is collected further to the board's authority under the Education Act and further to the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. Information on this form will be used to administer the request for reconsideration. Questions regarding the collection of this information should be directed to the WCDSB Privacy Officer ([privacy@wcdsb.ca](mailto:privacy@wcdsb.ca), 519-578-3660, Ext. 2381).

**Completed by:** Initiator of request

**Distribution:** Initiator → Principal OR Learning Commons (Board-operated Libraries)

**Retention:** School Library OR Main Office OR The Learning Commons, CEC (Superseded +1 year)