**South Dakota Digital Archives**

**Take-Down Policy Form**

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| **Information** | | | | |
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| **Name:** |  | | | |
| **Mailing Address:** |  | | | |
| **City/Zip Code:** |  | | | |
| **Phone:** |  | | | |
| **Email:** |  | | **Date:** |  |
|  | | | | |
| **Description** | | | | |
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| Please provide detailed information on your complaint/concern including either the identifier number, accession number and/or collection name and why you believe the image or images should be removed: | | | | |
| **Process** | | | | |
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| **Upon receipt of a complaint/concern staff will**:   * Acknowledge receipt of the complaint/concern * Remove the item while the complaint/concern is investigated * Investigate validity of the claim * Contact the complainant concerning the findings | | | | |
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| **Possible outcomes include:**   * The item is replaced on the archive’s website without any changes. * The item is replaced on the archive’s website under restricted access. * The item is permanently removed from the archive’s website. | | | | |
| **Please return completed form by mail, email or fax:** | | | | |
| South Dakota State Archives  Attn: State Archivist  900 Governors Drive  Pierre, SD 57501 | | email: [archref@state.sd.us](mailto:archref@state.sd.us)  phone: 605-773-3804  fax: 605-773-6041 | | |

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| Signature: | Date: |