



## ADA GRIEVANCE FORM

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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Please provide a complete description of your grievance:

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Please specify the location of your grievance:

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Please state what you think should be done to resolve the grievance:

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Please attach additional pages or photographs as needed.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please return to:

Cecilia Todd, ADA Coordinator  
City of Upland  
460 N Euclid Avenue  
Upland, CA 91786  
(909) 931-4376  
[ctodd@uplandca.gov](mailto:ctodd@uplandca.gov)

Upon request, reasonable accommodation will be provided in completing this form. Please contact Cecilia Todd, ADA Coordinator, 909-931-4376 to request accommodation.