

**City of Yucaipa  
ADA Grievance Form**

**Title II of the Americans with Disabilities Act  
Section 504 of the  
Rehabilitation Act of 1973**

**Instructions:** Please fill out this form completely, using black ink or typing (PDF). Sign and send it to the address on the bottom of the page.

<b>Reporting Individual:</b>	
Name and Address:	
City/State and Zip Code:	
Telephone Number:	
Email Address:	
<b>Service, Program, of Facility Alleged to be Discriminatory:</b>	
Name of Service/Program/Facility:	
Address:	
City/State and Zip Code:	
Telephone Number:	
Date of Incident or Discovery:	
<b>Describe the way in which the service/program/facility is discriminatory (please feel free to use additional attachments as necessary:</b>	
<b>Action Taken (For Office Use Only):</b>	
<b>Date of Action:</b>	
<b>Signature of Reporting Individual:</b>	
<b>Date:</b>	