



## City of Placerville ADA GRIEVANCE FORM

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**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:

Rebecca Neves, ADA Coordinator  
City of Placerville  
3101 Center Street  
Placerville, CA 95667  
Email: [rneves@cityofplacerville.org](mailto:rneves@cityofplacerville.org)  
(530) 642-5200

Upon request, reasonable accommodation will be provided in completing this form.  
Please contact Rebecca Neves, ADA Coordinator, (530) 642-5200 to request accommodation.