

DI-7600  
Rev. 1/2014

**United States Department of the Interior: Administrative Grievance Form**

Name of Employee: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_ Employee's Work Email: \_\_\_\_\_

Employee's Bureau/Office: \_\_\_\_\_ Employee's Work Phone: \_\_\_\_\_

Name of Employee's Rep.: \_\_\_\_\_

Representative's Office: \_\_\_\_\_ Rep's Work Phone: \_\_\_\_\_

Name of Management or HR  
Official receiving this Grievance\*: \_\_\_\_\_

Are you a Member of a Bargaining Unit that is  
Covered by a Collective Bargaining Agreement?\* ☐ Yes ☐ No

Is this a Step 1 or Step 2 Grievance? \_\_\_\_\_

If Step 2, Are You Requesting an Oral Presentation to Discuss this Grievance? ☐ Yes ☐ No

Are You Interested in Participating in Alternative Dispute Resolution to Resolve this Grievance?\*\*\*  
☐ Yes ☐ No

Date of Action Giving Rise to Grievance: \_\_\_\_\_

Date Employee Became Aware of Action: \_\_\_\_\_

Detailed description of the Grievance (attach additional pages as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Relief Requested: To qualify as personal relief, a requested remedy must directly benefit the grievant, be specific and clear, and may not include a request for disciplinary action against another employee or a supervisor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a complaint or appeal on this issue been filed with the Office of Civil Rights, Bureau EEO Office, the Equal Employment Opportunity Commission, Merit Systems Protection Board, the Office of Special Counsel, Federal Labor Relations Authority, Union or other offices?

☐ Yes If Yes, with whom? \_\_\_\_\_ ☐ No

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by Supervisor or SHRO: \_\_\_\_\_

*\*May be filled in or changed, as appropriate, by the Servicing Human Resources Office  
\*\*ADR may be offered at Management's discretion at the Step 2 Grievance stage  
A copy of this form MUST be provided to the Servicing Human Resources Office by the grievant*