

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*