



**CONFLICT OF INTEREST DISCLOSURE FORM**

|  |   |              |
|--|---|--------------|
| <b>External/Internal Case Number:</b>  |   | <b>Date:</b> |
| <b>Employee Name (Last, First, MI):</b>  | <b>Identify the party for whom a conflict may exist:</b><br><input type="checkbox"/> Respondent <input type="checkbox"/> Complainant <input type="checkbox"/> Other |              |
| <b>Complainant's Name (Last, First, Title):</b>  |   |              |
| <b>Respondent's Name (Last, First, Title):</b>   |   |              |
| <b>Identify the party for whom a conflict may exist:</b>   |   |              |
| <input type="checkbox"/> Investigation involves a person(s) with whom the employee (or employee's family) has a social, business, work, or other personal relationship. <input type="checkbox"/> Employee was previously employed by, supervised by, or worked with person(s) involved in the investigation. |   |              |
| <input type="checkbox"/> Employee is named as a witness or subject of the investigation. <input type="checkbox"/> Other (Describe Below) <input type="checkbox"/> No known Conflict of Interest exists   |   |              |
| <p><b>Provide a brief description of the potential conflict of interest. Once you have completed this section, please type your name below, date, and email a copy of the form to your immediate supervisor.</b></p><br><br><br>   |   |              |
| <b>Typed Name:</b>   |   | <b>Date:</b> |
| <b>Supervisor's Review</b>   |   |              |
| <b>Supervisor's Name:</b>  |   |              |
| <b>Does a conflict exist:</b>  |   |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure   |   |              |
| <p><b>If you answered "yes" or "unsure" above, please use the box below to explain and provide recommendations on potential mitigating steps:</b></p><br><br><br><br><br>  |   |              |
| <b>Typed Name:</b>   |   | <b>Date:</b> |
| <b>Bureau Chief's Review and Recommendation</b>  |   |              |
| <b>Bureau Chief Name:</b>  |   |              |
| <b>Bureau Chief Recommendation:</b>  |   |              |
| <b>Typed Name:</b>   |   | <b>Date:</b> |

**\*\*If after review there are still concerns of a perceived conflict of interest, confer with the Ethics Officer.**