

University of Connecticut  
ROMANTIC RELATIONSHIPS DISCLOSURE

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*“Romantic relationships” are defined as intimate, sexual, and/or any other type of amorous encounter or relationship, whether casual or serious, short-term or long term. A faculty member, staff member, or graduate student who is or becomes involved in a Romantic relationship with a student in violation of the Policy Against Discrimination, Harassment and Inappropriate Romantic Relationship (“Policy”) must disclose the relationship immediately to the Office of Diversity and Equity (“ODE”) or the Office of Faculty and Staff Labor Relations (“OFSLR”). A University employee who is in, or enters into, a Romantic relationship with someone over whom s/he has supervisory, decision-making, oversight, evaluative, or advisory responsibilities, must disclose the existence of the relationship immediately to the Office of Diversity and Equity and/or the Office of Faculty and Staff Labor Relations. In consultation with appropriate University administrators, the relevant dean or vice president will determine whether the conflict of interest can be eliminated. The final determination will be at the sole discretion of the relevant dean or vice president.*

This form is intended to assist employees and their managers with meeting the above-cited requirements of the Policy Against Discrimination, Harassment and Inappropriate Romantic Relationships.

**To Complete the Form:**

1. Employee – complete section 1 and provide a copy to ODE or OFSLR
2. OFSLR – complete section 2 in consultation with the appropriate Senior Manager(s) and other relevant administrative staff including ODE and OACE.

**Section 1 DISCLOSURE**

1. Name of student or employee with whom you have a relationship. For relationships with students, please indicate student standing (i.e. undergraduate student, graduate student, law student, etc.):

\_\_\_\_\_

2. Please describe the nature of the relationship:

\_\_\_\_\_

3. Description of Supervision or Authority over Individual identified above, if any.

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

Date: \_\_\_\_\_

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

**Section 2 CONFLICT RESOLUTION PLAN**

Duties Assigned to: \_\_\_\_\_

Action taken to resolve conflict:

*OFSLR Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

*Senior Manager's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

Copy to: ODE  
Senior Manager  
Employee