

**IDAHO DEPARTMENT OF CORRECTION
Relationship Disclosure Form**

Type of Disclosure

- | | | |
|---|--|--|
| <input type="checkbox"/> Conflict of Interest | <input type="checkbox"/> Family Relation Hired | <input type="checkbox"/> Nepotism |
| <input type="checkbox"/> Relative or Friend in System | <input type="checkbox"/> Romantic Relationship | <input type="checkbox"/> Unprofessional Relationship |
| <input type="checkbox"/> Other: _____ | | |

Disclosing Party Information

Name: _____ IDOC Facility: _____
Job Title: _____ Supervisor's Name: _____

Offender or Employee Information

Name: _____ IDOC Facility: _____
Offender # (if applicable): _____ Job Title (if applicable): _____
Supervisor's Name (if applicable): _____

Describe the Relationship

In describing the relationship between you and the affected party, please answer the following questions:
(1) How long has the relationship existed? (2) What date (or approximate date) did the relationship start?
(3) What is the current status of the relationship? (4) Is the affected party in your direct chain-of-command?

What is your analysis of the impact this relationship may have on the IDOC or your unit? If you think the impact may be negative, what solutions do you recommend?

(Disclosing Party's Signature)

Date



Supervisor/Manager Use Only

Plan of Action: Supervisor must staff the situation with a facility head, district manager, or designee and agree on a plan of action. **Keep all information regarding this situation confidential.**

Describe the plan of action. _____

Sign and route this form to the next approval authority.

Supervisor's Signature

Facility Head, District Manager, or
Designee's Signature (if applicable)

Bureau/Division Chief's,
Director's, or Designee's
Signature (as applicable)