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Relationship Disclosure Form



to avoid/ manage Misconduct in Public



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Here is a template for relationship disclosures that can be used by employees—especially senior staff—to voluntarily and confidentially declare consensual romantic relationships in the workplace. It ensures clarity, transparency, and protection for both individuals and the organization.

Voluntary Relationship Disclosure Form

[Confidential Document - To Be Submitted to Ethics Committee / HR Legal Department]

Section 1: Employee Information	
Employee 1	
• Full Name:	
Job Title:	
Department/Division:	
Supervisor/Manager:	_
• Email:	
• Phone:	
Employee 2	
• Full Name:	
Job Title:	
Department/Division:	
Supervisor/Manager:	
• Email:	
• Phone:	_
Section 2: Nature of the Relationship	
• 🗆 We are in a romantic relationship	
• 🗆 We are dating	
• 🗆 We are engaged	
• 🗆 We are married/partners	
Date relationship began (approx.):	_
Section 3: Reporting Line / Work Interactions	
1. Do either of you supervise the other or have influence over	er compensation, promotion, or performance evaluation?
□ Yes □ No	
If yes, please describe the reporting relationship or decis	ion-making overlap:
2. Do you work on the same team or share critical responsi	bilities?
If yes, describe the nature of collaboration or shared role	S:

Section 4: Understanding and Agreement

By signing below, we affirm:

- This relationship is entirely voluntary and consensual.
- · We understand that any form of favoritism, bias, or misuse of authority is prohibited.
- We acknowledge that the company may take appropriate actions to eliminate potential conflicts of interest (e.g., reassignment, separation of duties, etc.).
- We agree to maintain professional conduct in the workplace.
- We understand that retaliation, harassment, or breach of confidentiality may result in disciplinary action.
- We will report any changes in the status of this relationship that may impact work dynamics.

Section 5: Employee Ac	know	ledgments						
Employee 1 Signature: _								
Date:								
Employee 2 Signature:								
Date:								
Section 6: HR / Ethics C	ommi	ttee Use Only						
Received by:								
Date Received:								
Review Summary / Note	es (if ap	oplicable):						
Action Taken (if any):								
□ No Action Requir	ed 🗆	Reassignment	Recommended	□ Ref	erred	to Legal/Ethic	Committee	Other
Reviewed by:								
Title:								
Signature:								
Date:								

This form will be retained securely and handled with strict confidentiality. It will not be disclosed beyond the Ethics/HR Review Committee without consent or legal obligation.



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For inquiries, contact me.







