

**DEPARTMENT OF CORRECTIONS**  
**NOTICE OF EMPLOYEE/CLIENT RELATIONSHIP/REQUEST FOR CONFLICT**

Policy 20.1.3 – Code of Conduct: III, C, 2: Relationships with Inmates/Offenders “2. Employees shall submit written notification to their supervisor as soon as they know a relative or close personal acquaintance is an offender/inmate within the State of Oregon.”

Policy 40.1.12 – Conflict Management (Inmate) II, M, defines Staff Conflict. The policy allows staff to make a request for entry of a staff conflict and separation from an inmate when it is shown that the conflict raises to the level that would prohibit the employee’s ability to perform the duties of his/her job.

**SECTION ONE: TO BE COMPLETED BY EMPLOYEE/VOLUNTEER**

Employee Name: \_\_\_\_\_ Work Section: \_\_\_\_\_

Inmate-Offender Name: \_\_\_\_\_ SID (if known): \_\_\_\_\_

How long have you known Inmate-Offender? \_\_\_\_\_

Please describe the circumstances and extent of your acquaintance with the above named Inmate-Offender. Be as specific as possible. Be sure to include any pertinent information, such as: how you became acquainted; whether the relationship is of the past or still current. If a conflict request explain how this conflict would prevent you from performing your duties and any other details to explain the relationship. You may use the back of the form if additional space is needed.

**Reason for CD1472:**

- Notice of Relationship
- Request for Conflict

Employee Sign and Date: \_\_\_\_\_

**SECTION TWO: Section Manager**

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

**SECTION THREE: Designated Approver**

Upon review of the preceding information, I recommend the following action:

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

Designated Approver

**NOTE: If relationship is not recommended for conflict, it does not require review by the Conflict Review Committee. Provide a copy of form to personnel records and employee file.**

**SECTION FOUR: Conflict Review Committee (all staff conflicts to be approved by committee):**

Based on the information provided above, the following action was taken:      Approve      Not Approved

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

**Conflict Review Committee Chair or Office of Population Management**

copy: Superintendent; ISM; Program Manager; Personnel; Employee (EmplClientRelationship)

Corrections Information System entry date: \_\_\_\_\_