

Conflict Mitigation and Recusal Statement Form

This form is to be completed by any individual disclosing potential conflicts of interest and outlining recusal or mitigation actions to ensure transparency and integrity in decision-making processes.

Full Name:

Position/Title:

Department/Unit:

Date:

Description of Actual or Potential Conflict of Interest:

Mitigation and/or Recusal Actions to Be Taken:

Additional Notes (if any):

Signature of Discloser

Date

Supervisor/Reviewer

Date

Important Notes

- This form should be updated whenever there is a change in the potential or actual conflict of interest.
- Failure to disclose conflicts may result in disciplinary action in accordance with institutional policy.
- All information submitted will be handled in accordance with applicable privacy and confidentiality regulations.
- Employees are responsible for seeking guidance if unsure whether a situation constitutes a conflict of interest.

