



Consensual Relationship Disclosure Form

CONFIDENTIAL

Name of person submitting form: [text box]

- Are you the: [checkbox] employee involved in a consensual relationship
[checkbox] student involved in a consensual relationship: [checkbox] Undergraduate [checkbox] Graduate
[checkbox] 3rd party witness to the consensual relationship, not the MPP or supervisor
[checkbox] MPP or supervisor of the unit where a consensual relationship has been identified/suspected
[checkbox] Other - Please describe: [text box]

Please identify the individuals involved in the consensual relationship along with the affiliation (student, staff, faculty, etc.) with SF State, and position, if applicable and if known:

Individual One - Please list the individual with the authority/influence first:

Name: [text box] Affiliation: [text box]

Position (if applicable): [text box]

Individual Two

Name: [text box] Affiliation: [text box]

Position (if applicable): [text box]

Briefly describe the nature of the academic, administrative, supervisory, evaluative, counseling, or extracurricular authority or influence that exists between these individuals.

[Large empty text box for description]

Briefly indicate the level of significance of this authority or influence. For example, is this short-term or long-term in nature? Are decisions about academic performance or hiring/promotion/compensation involved?

[Large empty text box for significance]

Please refer to CSU Executive Order 1096 for additional info: http://calstate.edu/eo/EO-1096-rev-10-5-16.html

FOR USE BY EQUITY PROGRAMS & COMPLIANCE OFFICE ONLY

Date received:

Date reviewed:

Situation *does* *does not* meet definition of prohibited consensual relationship as defined by EO 1096

If it does, please complete below:

Strategies identified for amelioration or resolution:

Responsible MPP:

Cabinet Area/Division/Department/Unit: Date written notice to MPP:

Follow up actions required, if any:

Reviewed by Title IX Coordinator or designee:

Signature - Title IX Coordinator

Date

Notes:

Please attach any relevant documentation to this form.

All documentation shall be maintained in strictest confidence by Equity Programs & Compliance for a period of at least 10 years.