



CONFLICT/GIFT DISCLOSURE FORM

Complete multiple forms if necessary

Employee information

Employee Name

Employee ID

Title

Department

Ext.

Supervisor/Manager

Supervisor Ext.

Initial Date Reported

Disclosure Form Date

Vendor Information

Vendor Name

Vendor Address

Vendor Phone #

Relationship Conflict to Report

Individual Name (if applicable)

Title/Position

Description of Relationship

Gift to Report

Gift Description

Date offered/received

Approximate value

Gift Status/Plan

Compliance

Form received by

Date received

Notes

Signatures

Employee Signature

Date

Supervisor/Manager Signature

Date

Compliance Signature

Date

Please send completed form to compliance@cityofdenton.com