

**ATTESTATION FORM FOR CONSENSUAL RELATIONSHIPS BETWEEN FACULTY,  
SUPERVISORS, RESIDENTS/FELLOWS**

A consensual relationship between faculty or trainee supervisors and residents/fellows can rise to the level of prohibited sexual harassment as defined by the UConn Health policy; more specifically it can raise concerns with the inherent inequalities that exist in the power of one person over the other. Such consensual relationships may adversely affect other residents'/fellows' experience due to perceived or actual bias and/or creation of a hostile work environment. Under the Sexual Harassment Policy/Consensual Relationship section of the *Residents/Fellows Policies and Procedures Manual* "no faculty and/or staff supervisor should enter in to a consensual relationship with a trainee under that individual's authority". The following must be followed when the situation arises:

- When a faculty member/trainee supervisor has a consensual relationship with a resident/fellow, this relationship must be disclosed to the Program Director and Department Chair in a face to face meeting.
- The Program Director should guarantee that the faculty/trainee supervisor is not directly teaching or supervising the resident/fellow in any clinical or educational activities for the program (emergencies excluded)
- Both parties are required to re-sign the Compact on Professionalism
- The faculty/trainee supervisor and resident/fellow will withdraw themselves from providing formal evaluations of the other person in any situation
- The Program Director will monitor the work of the department to ensure that the faculty/trainee supervisor and resident/fellow relationship does not affect clinical or educational activities for any member of the program or department
- The Program Director will inform the other faculty in the program and the residents/fellows that a system is in place to ensure fair treatment and no favoritism

I, \_\_\_\_\_ understand that this is the policy of University of Connecticut School of Medicine and agree to comply with the above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Resident/fellow

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Faculty/Trainee Supervisor

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Director

Copy to be filed in Program Director's Office