**Employee Fraternization Policy**

**Policy Statement:**

It is the policy of [Company Name] to maintain a professional work environment that is free from any form of harassment or discrimination. This policy outlines the company's position on employee fraternization and provides guidelines for acceptable workplace conduct.

**Scope:**

This policy applies to all employees, including full-time, part-time, temporary, and contract workers.

**Definition:**

"Employee fraternization" refers to any romantic or social relationship between employees that could potentially affect the work environment or create a conflict of interest.

**Guidelines:**

Professional Conduct:  
Employees are expected to conduct themselves in a professional manner at all times while on company premises or engaged in company-related activities.

Avoidance of Conflicts of Interest:  
Employees in supervisory or managerial roles are prohibited from engaging in romantic or social relationships with employees they directly or indirectly supervise. If such a relationship arises, it should be disclosed to Human Resources, and appropriate action will be taken to address any conflicts of interest.

Public Displays of Affection:  
Public displays of affection are not appropriate in the workplace and should be avoided.

Maintaining Confidentiality:  
Employees should not share confidential or sensitive information about the company or colleagues with each other outside the scope of their job responsibilities.

Reporting Violations:  
Employees who become aware of any violations of this policy should promptly report the matter to their supervisor or Human Resources.

**Consequences of Violation:**

Violation of this policy may result in disciplinary action, up to and including termination of employment, depending on the severity and recurrence of the behavior.

**Acknowledgement:**

I have read and understand the Employee Fraternization Policy of [Company Name]. I agree to comply with the guidelines outlined in this policy.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Supervisor's Acknowledgment:**

I have reviewed the Employee Fraternization Policy with the employee named above and answered any questions they may have had.

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Note: This policy is subject to periodic review and may be updated or amended at the discretion of [Company Name].*

Please consult with your legal team or HR professionals to ensure that this policy aligns with the specific laws and regulations in your jurisdiction.