Client Conflict Assessment Form

Client Information

Firm Name	
Date	
Client Name	
Client Contact	
Engagement Description	
Conflict Assessment	
Connect / Goodsonient	
Are there any known relationships or interests that may create a conflict?	1
If yes, please specify	
Have you performed a conflict check in your database?	
Conflict Check Details/Findings	▼
Conflict Check Details/Findings	
Assessment Outcome	
Summary of Assessment	
Reviewer Name	
Date of Review	