

ENQUIRY FORM

ANNEXURE – 1

Enquiry Form No: POSH/ICC/ _____

To

A complaint of Sexual Harassment (Complaint Number: CASH/xxx) has been lodged against you by Mr. / Ms. _____ on _____.

The complaint refers to the following incidents that allegedly took place between both parties where the details are as following

S. No	Nature of Incident	Date & Time of Incident	Location
1			
2			
3			

ICC is at present examining the complaint(s).

The Committee would like to meet you on _____ (Date) at _____ (Time) in the _____ (mention the venue).

You are requested to attend the Enquiry without fail and meet the Committee to present your version with respect to the Complaint.

If you desire to call any witness(es) the same may be communicated to ICC within 1 day of receiving this communication.

For any change in the time or date of your appointment with the Committee, please contact undersigned.

Yours truly,

Member – ICC

Date:

Encl: Copy of the Complaint along with Proof

ACTION TAKEN FORM

ANNEXURE - 2

Action Taken Form No: POSH/ICC/_____

To

Based on the complaint lodged by Mr. / Ms. _____ on Sexual Harassment (Pl. refer Form No: POSH/ICC/_____) and the subsequent detailed enquiry conducted by the ICC it has been proved that the allegations are true/false.

Based on the recommendations of the committee the following disciplinary action is initiated against you:

You are requested to abide the decision of the Committee and shall act accordingly.

Yours truly,

Member – ICC

Date:

DECLARATION

I agree to the action recommended by the ICC and shall abide by the same

(Signature of the Defendant)

Date:

RECEIPT AND ACKNOWLEDGEMENT OF THE DGS POSH POLICY

I acknowledge that I have received a copy of The DGS POSH Policy.

I understand and agree that it is my responsibility to read and familiarize myself with all of the provisions of the Policy.

I understand the provisions of this Policy and aware that DGS reserves the right to amend, modify, rescind, delete, supplement or add to the provisions of this Policy as it deems appropriate from time to time in its sole and absolute discretion and shall provide information of changes as they occur.

I am committed to abide by the Policy and to act in a professional manner that will respect the dignity of everyone.

(Signature)

Date: _____

Place: Dehradun