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| **FORMATO ÚNICO DE REGISTRO DE PETICIONES** | | | | | | | | | | | | | | | | | | | | | | | | | | **FURP-04** | | |
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| **SERVICIO NACIONAL DE EMPLEO** | | | | | | | | | | | | | **FOLIO** | | | | | **FECHA** | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | Día | | | | | Mes | | | | | Año |
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| **DATOS DEL BENEFICIARIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apellido paterno | | | | | | | | Apellido Materno | | | | | | | | | | Nombre (s) | | | | | | | | | |
| **Domicilio:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calle y número | | | | | | | | Colonia/Población | | | | | | | | | | Localidad | | | | | | | | | |
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| Municipio | | | | | | | Entidad | | | | | | | | | | C.P. | | | | | Teléfono | | | | | |
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| **DATOS DEL PROGRAMA / SUBPROGRAMA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PAE** | Vinculación  Laboral | | | | | | Capacitación para  la Empleabilidad | | | | | | | | | Movilidad  Laboral | | | | | | | |
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| **TIPO DE PETICIÓN** | | | | **Sugerencia** | | | | | | | **Solicitud** | | | | | | **Queja** | | | | | | | | **Denuncia** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESCRIPCIÓN DETALLADA DE LA PETICIÓN:** *(Sugerencia/Solicitud/Reconocimiento/Queja/Denuncia)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **QUEJA O DENUNCIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lugar de los hechos | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Localidad | | | | | | | | | | | Municipio | | | | | | | | Estado | | | | | | |
| Fecha y hora de los hechos: | | | **/ / :** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Día | | | Mes | | | | | | Año | | |  | | | | | | Hora | | | | | | Minutos | |
| **TRÁMITE O SERVICIO QUE ORIGINA LA QUEJA O DENUNCIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS DEL SERVIDOR PÚBLICO INVOLUCRADO O DENUNCIADO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apellido paterno | | | | | | | | Apellido Materno | | | | | | | | | | Nombre (s) | | | | | | | | |
| Cargo: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oficina | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cuenta con pruebas | | **Sí No** | | | **Cuáles:** | | | | | | | | | | | | | | | | | | | | | | | |
| Cuenta con testigos: | | **Sí No** | | | **Quiénes:**  **Nombre 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teléfono (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Nombre 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teléfono (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | |

***Nota.*** *Con el propósito de coadyuvar al uso eficiente del papel, el presente formato será remitido dentro del informe mensual, únicamente cuando se presenten peticiones Ciudadanas en las OSNE.*