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| **Área para ser utilizada únicamente por:**

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| **COMITÉ DE ÉTICA Y DE PREVENCIÓN DE CONFLICTOS DE INTERÉS** |

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|  | **Folio No. :** |  |

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| **Fecha de presentación:** | Click here to enter a date. |  | **Fecha de acuse:** | Click here to enter a date. |
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**------------------------------Área para ser utilizada por el (la) denunciante-------------------------------------**

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| **Fecha:**  | Click here to enter a date. |

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| **DATOS DE LA DENUNCIA****Por probable incumplimiento al Código de Ética, a las Reglas de Integridad, o al Código de Conducta de PROFEPA** |

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| **Fecha de ocurrencia (inicio):** | Click here to enter a date. |  | **Fecha de ocurrencia (conclusión):** | Click here to enter a date. |

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| **Ámbito de ocurrencia:** | Choose an item. |  | **Especifique (Sólo si seleccionó la opción Otro):** |  |

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| **Narración hechos (lugar):** | Choose an item. |  | **Especifique (Sólo si seleccionó la opción Otro):** |  |

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| **Narración hechos (tiempo):** | Choose an item. |  |  |  |

**Narración hechos (resumen del modo, no colocar datos personales):**

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**Narración hechos completa (tiempo, lugar y modo) [máximo 4,000 caracteres]:**

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| **Principio, valor o regla presuntamente vulnerado:** | Choose an item. |  | **Especifique****(solo en caso de haber seleccionado “otro”):** |  |

**Tema:** *\*\* Nota: Seleccionar solo una opción (el sistema informático de la Secretaría de la Función Pública está habilitado para seleccionar solo uno).*

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| Acoso sexual y hostigamiento sexual: |  |  |
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| Discriminación: |  |  |
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| Otros temas: |  |  |

**Listado de pruebas que aporta:**

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| --- | --- | --- |
| **No.** | **Nombre del archivo o evidencia** | **No. de hojas** |
| 1 |  |  |
| 2 |  |  |
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| etc. |  |  |

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| **DATOS DE LA PERSONA DENUNCIANTE** |

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| **Sexo:** | Choose an item. |  | **Grupo de edad:** | Choose an item. |

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| **¿Es servidor(a) público(a)?** |  | Sí |  |  | No |  |  |

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| **¿Desea anonimato? \*** |  | Sí |  |  | No |

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| **Nombre(s)\*:** |  | **Primer apellido\*:** |  | **Segundo apellido:** |
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| **Domicilio institucional para recibir notificaciones*:*** |  |  |
|  |
| **Teléfono institucional para recibir notificaciones*:*** |  | **Ext.:** |  |  | **Correo electrónico (\*):** |  |

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|  | *\* Nota: Las denuncias anónimas solo se responderán mediante el correo electrónico que se proporcione.* |

**Observaciones o peticiones de trato a la denuncia (máximo 1,000 caracteres):**

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| **DATOS DE LA PERSONA DENUNCIADA** |

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| **Sexo:** | Choose an item. |  | **Grupo de edad:** | Choose an item. |

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| **Entidad donde ocurrieron los hechos:** | Posicionarse en la casilla y seleccionar del listado … |

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| **Relación con la persona denunciante:** | Choose an item. |  | **Especifique****(solo en caso de haber seleccionado “otra”):** |  |

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| **¿Persona denunciada participa o es integrante del Comité de Ética y de Prevención de Conflictos de Interés?** |  |  | Sí |  |  | No |
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| **¿Se excusó?** |  |  | Sí |  |  | No |
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| **Nombre(s):** |  | **Primer apellido:** |  | **Segundo apellido:** |
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*\*\* Nota: Por cada persona denunciada se deberá tramitar denuncias por separado (aunque trate de lo mismo).*

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| **Puesto / Cargo:** |  |
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| **Domicilio institucional para recibir notificaciones:** |  |

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| **Teléfono institucional para recibir notificaciones:** |  |

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| **Correo electrónico institucional para recibir notificaciones:** |  |

**Observaciones (máximo 1,000 caracteres):**

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| **TESTIGOS** |

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| **DATOS DE TESTIGO 1** |
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| ¿Es persona servidora pública?: |  |  | **Sí** |  | **No** |
|  |  |  |  |  |  |
| ¿Es subordinado(a) de la persona denunciada?: |  |  | **Sí** |  | **No** |
| OO |  |
| Nombre(s), primer apellido, segundo apellido: |  |
| Relación con la persona denunciante: |  |
| Institución donde trabaja: |  |
| Puesto / cargo: |  |
| Teléfono institucional para recibir notificaciones: |  |
| Correo electrónico institucional para recibir notificaciones: |  |
|  |  |
| **Observaciones (máximo 1,000 caracteres):** |  |
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| **DATOS DE TESTIGO 2** |
|  |  |  |  |  |  |
| ¿Es persona servidora pública?: |  |  | **Sí** |  | **No** |
|  |  |  |  |  |  |
| ¿Es subordinado(a) de la persona denunciada?: |  |  | **Sí** |  | **No** |
| OO |  |
| Nombre(s), apellido paterno, apellido materno: |  |
| Relación con la persona denunciante: |  |
| Institución donde trabaja: |  |
| Puesto / cargo: |  |
| Teléfono institucional para recibir notificaciones: |  |
| Correo electrónico institucional para recibir notificaciones: |  |
|  |  |
| **Observaciones (máximo 1,000 caracteres):** |  |
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**OBSERVACIONES:**

\* Los campos con asterisco son obligatorios

* La denuncia debe venir acompañada del acuerdo testimonial de un(a) tercero(a) y/o documentación probatoria.
* El Comité cuenta con cinco días hábiles para revisar el formato de denuncias. En caso de que la denuncia requiera de alguna observación o precisión adicional, la persona que presenta la denuncia cuenta con cinco días hábiles para subsanar y regresar el formato al Comité de Ética y de Prevención de Conflictos de Interés, de lo contrario se archivará, y se entenderá como concluida.