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| |  |  |  | | --- | --- | --- | | **Área para ser utilizada únicamente por:**   |  | | --- | | **COMITÉ DE ÉTICA Y DE PREVENCIÓN DE CONFLICTOS DE INTERÉS** | |  |  |  |  |  | | --- | --- | --- | |  | **Folio No. :** |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Fecha de presentación:** | | Click here to enter a date. |  | **Fecha de acuse:** | Click here to enter a date. | | |  |  | | | | | |

**------------------------------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** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Fecha de ocurrencia (inicio):** | Click here to enter a date. |  | **Fecha de ocurrencia (conclusión):** | Click here to enter a date. |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Ámbito de ocurrencia:** | Choose an item. |  | **Especifique (Sólo si seleccionó la opción Otro):** |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Narración hechos (lugar):** | Choose an item. |  | **Especifique (Sólo si seleccionó la opción Otro):** |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Narración hechos (tiempo):** | Choose an item. |  |  |  |   **Narración hechos (resumen del modo, no colocar datos personales):**   |  | | --- | |  |   **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).*   |  |  |  | | --- | --- | --- | | Acoso sexual y hostigamiento sexual: |  |  | |  |  |  | | Discriminación: |  |  | |  |  |  | | Otros temas: |  |  |   **Listado de pruebas que aporta:**   |  |  |  | | --- | --- | --- | | **No.** | **Nombre del archivo o evidencia** | **No. de hojas** | | 1 |  |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | |  |  |  | |  |  |  | | etc. |  |  | |

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| |  |  |  | | --- | --- | --- | | |  | | --- | | **DATOS DE LA PERSONA DENUNCIANTE** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sexo:** | Choose an item. |  | **Grupo de edad:** | Choose an item. |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **¿Es servidor(a) público(a)?** |  | Sí |  |  | No |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **¿Desea anonimato? \*** |  | Sí |  |  | No |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Nombre(s)\*:** |  | **Primer apellido\*:** |  | **Segundo apellido:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Domicilio institucional para recibir notificaciones*:*** |  | | | | | |  | |  | | | | | | | | | **Teléfono institucional para recibir notificaciones*:*** |  | **Ext.:** |  |  | **Correo electrónico (\*):** |  | |  |  |  | | --- | --- | |  | *\* 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** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sexo:** | Choose an item. |  | **Grupo de edad:** | Choose an item. |  |  |  | | --- | --- | | **Entidad donde ocurrieron los hechos:** | Posicionarse en la casilla y seleccionar del listado … |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Relación con la persona denunciante:** | Choose an item. |  | **Especifique**  **(solo en caso de haber seleccionado “otra”):** |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **¿Persona denunciada participa o es integrante del Comité de Ética y de Prevención de Conflictos de Interés?** |  |  | Sí |  | |  | | No | | |  |  | | |  |  | | |  |  |  |  | |  | |  | |  | | | **¿Se excusó?** |  |  | Sí | |  | |  | | No | | |  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Nombre(s):** |  | **Primer apellido:** |  | **Segundo apellido:** | |  |  |  |  |  |   *\*\* Nota: Por cada persona denunciada se deberá tramitar denuncias por separado (aunque trate de lo mismo).*     |  |  | | --- | --- | | **Puesto / Cargo:** |  | |  |  |  |  |  | | --- | --- | | **Domicilio institucional para recibir notificaciones:** |  |  |  |  | | --- | --- | | **Teléfono institucional para recibir notificaciones:** |  |  |  |  | | --- | --- | | **Correo electrónico institucional para recibir notificaciones:** |  |   **Observaciones (máximo 1,000 caracteres):**   |  | | --- | |  | |  |

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| |  | | --- | | **TESTIGOS** | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **DATOS DE TESTIGO 1** | | | | | | |  |  |  |  |  |  | | ¿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):** |  | | | | | |  | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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):** |  | | | | | |  | | | | | | |

**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.