**Formulario Denuncia**

La presentación debe contener todos los antecedentes que avalan la denuncia, proporcionando al menos la siguiente información:

1. **Identificación del denunciante**

|  |  |
| --- | --- |
| Nombre Completo |  |
| Sexo |  |
| Correo Electrónico Personal |  |
| Departamento, Unidad, Área |  |
| Cargo que desempeña |  |

1. Describa los hechos de la denuncia en orden cronológico, tratando de mantener el mayor apego a la ocurrencia de éstos.

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1. Mencionar la(s) persona(s) que está(n) involucrada(s) en la denuncia incluyendo nombre(s) y cargo(s).

|  |  |  |  |
| --- | --- | --- | --- |
| Nombre Completo |  | | |
| Sexo |  | | |
| Cargo que Desempeña |  | | |
| CR/División/Departamento |  | | |
| Pertenece al IND | SI | NO | OTRA CUÁL: |

|  |  |  |  |
| --- | --- | --- | --- |
| Nombre Completo |  | | |
| Sexo |  | | |
| Cargo que Desempeña |  | | |
| CR/División/Departamento |  | | |
| Pertenece al IND | SI | NO | OTRA CUÁL: |

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| --- | --- | --- | --- |
| Nombre Completo |  | | |
| Sexo |  | | |
| Cargo que Desempeña |  | | |
| CR/División/Departamento |  | | |
| Pertenece al IND | SI | NO | OTRA CUÁL: |

1. Lugar y/o dependencia en donde ocurrió el hecho.

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1. ¿Cuándo ocurrió? (en lo posible, indicar fecha y hora).

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1. ¿Existen testigos de los hechos? (en lo posible, individualizarlos).

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1. ¿Cómo se dio cuenta de la situación? Seleccione una opción.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Lo vi. |  |  | Me lo contó alguien externo. |
|  | | | | |
|  | Lo escuché. |  |  | Es un rumor. |
|  | | | | |
|  | Me lo contó otro funcionario/a. |  |  | Otro (especifique). |

Otro (especifique): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ¿El hecho involucra a externos? Seleccione una opción.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Sí |  |  | No |
|  |  |  |  |  |
|  | No sé |  |  |  |

1. Si hay externos involucrados, escriba el nombre y la institución a la que pertenecen.

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1. ¿Cuál es la relación del externo involucrado con el Instituto Nacional de Deportes? Seleccione una opción.

|  |  |
| --- | --- |
|  | Ex - Trabajador/a del IND. |
|  |  |
|  | Trabajador/a de otra entidad pública. |
|  |  |
|  | Autoridad (Autoridad de Gobierno; Autoridad Pública; Autoridad Deportiva). |
|  |  |
|  | Beneficiario/a de programas, usuario/a de recintos u otra prestación o bienes y servicios provistos por el Instituto Nacional de Deportes. |
|  |
|  |  |
|  | Otro (especifique). |

Otro (especifique): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Antecedentes y documentos que acreditan la denuncia:

Marque con “X” la alternativa que corresponda:

|  |  |
| --- | --- |
| Ninguna evidencia específica |  |
| Testigos |  |
| Correos electrónicos |  |
| Fotografías |  |
| Video |  |
| Otros documentos de respaldo |  |

Si respondió “Otros Documentos de respaldo”, favor señale cuál/es:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Observaciones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DENUNCIANTE