

**Formato de denuncias asociadas a Protocolo de actuación para enfrentar situaciones de**

**Acoso sexual, abuso sexual, maltrato, acoso laboral y discriminación arbitraria.**

**Fecha de recepción Formulario:** …………………………………………………………..

**DENUNCIANTE:**

NOMBRE COMPLETO: **……………………………………………………………………………**

R.U.T.: **………………………………………………………………………………………………**

SEXO: **………………………………………………………………………………………………**

GENERO: **…………………………………………………………………………………………..**

FECHA DE NACIMIENTO: **……………………………………………………………………….**

CORREO ELECTRONICO: **……………………………………………………………………….**

TELEFONO: **………………………………………………………………………………………..**

DIRECCION: **………………………………………………………………………………………**

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**VICTIMA**

NOMBRE COMPLETO: **……………………………………………………………………………**

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CORREO ELECTRONICO: **……………………………………………………………………….**

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**DENUNCIADO**

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CORREO ELECTRONICO: **……………………………………………………………………….**

CALIDAD: **…………………………………………………………………………………………..**

**TIPO DE DENUNCIA:**

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**DESCRIPCION DE LOS HECHOS:**

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**MEDIOS DE PRUEBA:**

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Enviar a los siguientes correos:

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