****

**Anexo 01**

**Formato para la presentación de quejas y denuncias ante el CEPCI**

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| **Datos de la persona que presenta la queja o denuncia**   |  |  |  |  | | --- | --- | --- | --- | | Nombre: |  | Domicilio: |  |  |  |  |  |  | | --- | --- | --- | --- | | Teléfono: |  | Correo electrónico: |  |   ***Nota:*** *A la persona que desee conservar el anonimato, deberá plasmar dentro del formato o escrito por lo menos un correo electrónico o en su caso, designar a persona plenamente identificable, a efecto de que el CEPCI pueda notificar el resultado del expediente.* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Datos del servidor/a público/a contra quien se presenta la queja o denuncia**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  |   Nombre(s): (\*) Apellido paterno (\*) Apellido materno: (\*)   |  |  | | --- | --- | | Área de adscripción: (\*) |  |  |  |  |  |  | | --- | --- | --- | --- | | Cargo o puesto: |  | Entidad Federativa: |  |  |  |  | | --- | --- | | Breve narración del hecho o conducta (\*) |  |   Ocurrió en…   |  |  | | --- | --- | | (Entidad) |  | |  |  | | (Fecha / periodo) |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Datos de la persona a quien le consten los hechos**   |  |  | | --- | --- | | **Nombre:** (\*) |  | |  |  | | **Domicilio:** (\*) |  | |  |  | | **Teléfono:** (\*) |  | |  |  | | **Correo electrónico** (\*) |  | |  |  | | **¿Trabaja en la Administración Pública Estatal?**   |  |  | | --- | --- | |  | **No** | |  |  | |  | **Si** |  |  | | --- | | Si contestó ”Si” la siguiente  Información es indispensable) |  |  |  | | --- | --- | | **Dependencia o Entidad**(\*) |  | |  |  | | **Cargo** (\*) |  | |