**Registro de incidencias**

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| **Registro de incidencias** | | | | | | | | |
| **Nombre del plantel:** | | | | **Periodo que reporta:** | | | **Nombre y firma del responsable del registro de incidencias:** | |
| **NOMBRE DEL DENUNCIANTE** | **FECHA (DD/MM/AA)** | **GENERO** | | **OCUPACIÓN DEL DENUNCIANTE** | **TIPO DE DENUNCIA** | **ÁREA CANALIZADA** | **FECHA DE RESOLUCIÓN** | **RESOLUCIÓN** |
| **H** | **M** |
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