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| **FORMATO ÚNICO DE REGISTRO DE PETICIONES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FURP-04** | | | |
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| **SERVICIO NACIONAL DE EMPLEO** | | | | | | | | | | | | | | | **FOLIO** | | | | | **FECHA** | | | | | | | | | | | |
| **Quintana Roo** | | | | | | | | | | | | | | |  | | | | | Día | | | | | | Mes | | | | | Año |
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| **DATOS DEL BENEFICIARIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apellido paterno | | | | | | | | Apellido Materno | | | | | | | | | | | | Nombre (s) | | | | | | | | | |
| **Domicilio:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calle y número | | | | | | | | Colonia/Población | | | | | | | | | | | | Localidad | | | | | | | | | |
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| Municipio | | | | | | | Entidad | | | | | | | | | | | C.P. | | | | | | Teléfono | | | | | |
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| **DATOS DEL PROGRAMA / SUBPROGRAMA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PAE** | **Bécate** | | | | | **Fomento al Autoempleo** | | | | | | | | **Movilidad**  **Laboral** | | | **SA**  **SIyS** | | | | **Repatriados Trabajando** | | | | | | | | | **Otro** | |
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| **TIPO DE PETICIÓN** | | | | | **Sugerencia** | | | | | | | **Solicitud** | | | | | | | **Queja** | | | | | | | | **Denuncia** | | | | |
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| **DESCRIPCIÓN DETALLADA DE LA PETICIÓN:** *(Sugerencia/Solicitud/Reconocimiento/Queja/Denuncia)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **QUEJA O DENUNCIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lugar de los hechos** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Localidad | | | | | | | | | | | | Municipio | | | | | | | | | Estado | | | | | | |
| **Fecha y hora de los hechos:** | | | | **/ / :** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Día | | | | Mes | | | | | Año | | | | |  | | | | | | Hora | | | | | Minutos | | |
| **TRÁMITE O SERVICIO QUE ORIGINA LA QUEJA O DENUNCIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DATOS DEL SERVIDOR PÚBLICO INVOLUCRADO O DENUNCIADO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apellido paterno | | | | | | | | Apellido Materno | | | | | | | | | | | | Nombre (s) | | | | | | | | |
| **Cargo:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Oficina** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cuenta con pruebas** | | | **Sí No** | | | | **Cuáles:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cuenta con testigos:** | | | **Sí No** | | | | **Quiénes:**  **Nombre 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teléfono (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_**  **Nombre 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teléfono (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | |