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| **FORMATO DE PETICIONES, QUEJAS, RECLAMOS Y SUGERENCIAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE** | | | | | | | | | | | | | | | | | | | | | **DOCUMENTO** | | | | | | | | | | | |
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| **DÍA** | **MES** | | **AÑO** | | | **HORA** | | | | **REQUERIMIENTO** | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | |  | | | | **PETICIÓN** | | | | | | | **QUEJA** | | | | | | **RECLAMO** | | | | | | **SUGERENCIA** | | | |
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| **REGIMEN DE SALUD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTRIBUTIVO** | |  | | **SUBSIDIADO** | | | | |  | | **VINCULADO** | | | | | |  | | **CUAL:** | | | | | | | | | | | | | |
| **TELEFONO:** | | | | | | | | | | | | **CORREO:** | | | | | | | | | | | | | | | | | | | | |
| **DIRECCIÓN:** | | | | | | | | | | | | | | | | | | | | | | **URBANA** | | | | |  | **RURAL** | |  | | |
| **POBLACIÓN ESPECIAL** | | | | | | | | | | | | | **SI** | |  | | | **NO** | |  | | **¿CUAL?** | | | | | | | | | | |
| **AFRODESCENDIENTE** | | | | |  | | **POBLACIÓN**  **DESMOVILIZADA.** | | | | | | |  | | **HABITANTE DE**  **CALLE.** | | | | | | | | |  | **LGTB.** | | | | | |  |
| **COMUNIDAD INDIGENA.** | | | | |  | | **VICTIMA CONFLICTO**  **ARMADO.** | | | | | | |  | | **REINSERTADO.** | | | | | | | | |  | **ROM-GITANOS.** | | | | | |  |
| **HAGA UN RELATO CLARO DE LOS HECHOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DIRECCIONAMIENTO DADO DURANTE LA ATENCIÓN AL CIUDADANO.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CLASIFICACIÓN DE LA QUEJA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACCESIBILIDAD.** | | | | | |  | | **OPORTUNIDAD.** | | | | | | | | | | | | | | |  | **SEGURIDAD.** | | | | | | |  | |
| **PERTINENCIA.** | | | | | |  | | **CONTINUIDAD.** | | | | | | | | | | | | | | |  | **CALIDEZ.** | | | | | | |  | |
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| **NOMBRE DEL RECEPTOR OFICINA SAC.** | | | | | | | | | | **FIRMA DEL USUARIO QUIEN REALIZA EL TRAMITE.** | | | | | | | | | | | | | | | | | | | | | | |