**FORMULARIO DE DENUNCIA DE ACOSO SEXUAL, ACOSO SEXISTA, DISCRIMINACIÓN DE GÉNERO U HOSTIGAMIENTO POR AMBIENTE SEXISTA**

**En \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a\_\_\_\_\_\_ del mes de \_\_\_\_\_\_\_\_\_\_\_\_\_, se ha recibido de parte de don /doña \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rut N°\_\_\_\_\_\_\_\_\_\_\_\_,**

**la siguiente denuncia:**

**MARQUE EL TIPO DE DENUNCIA**

Marque con una “X” la alternativa que corresponda:

|  |  |
| --- | --- |
| **Acoso sexual** |  |
| **Acoso sexista** |  |
| **Discriminación de género** |  |
| **Hostigamiento por ambiente sexista** |  |

**IDENTIFICACION DEL DENUNCIANTE**

Datos de identificación respecto a quien realiza la denuncia

Marque con una “X” la alternativa que corresponda

|  |  |
| --- | --- |
| **Victima** (persona en quien recae la acción de violencia, sexual o violencia de género |  |
| **Denunciante:** Persona (un tercero) que pone en conocimiento el hecho constitutivo de violencia o acoso y que no es víctima de tales acciones |  |

Datos personales del **DENUNCIANTE** (Solo en el caso que el denunciante no sea la víctima)

|  |  |
| --- | --- |
| Nombre Completo |  |
| Teléfono de contacto |  |
| Correo electrónico |  |
| Cargo que desempeña |  |
| Departamento , Unidad o Área de desempeño |  |
| Carrera que cursa |  |
| Semestre que cursa |  |

Datos personales de la **VICTIMA:**

|  |  |
| --- | --- |
| Nombre Completo |  |
| RUT |  |
| Dirección particular |  |
| Región, Comuna |  |
| Teléfono de contacto |  |
| Correo electrónico |  |
| Cargo que desempeña |  |
| Departamento, Unidad, Área de desempeño |  |
| Relación jerárquica con el denunciado |  |
| Carrera que cursa |  |
| Semestre que cursa |  |

Datos personales del **DENUNCIADO/A**

|  |  |
| --- | --- |
| Nombre Completo |  |
| Cargo que desempeña |  |
| Departamento, Unidad o Área de desempeño |  |
| Carrera que cursa |  |
| Semestre que cursa |  |

**NARRACION DE LAS CIRCUNSTANCIAS DE LOS HECHOS**

Describa en orden cronológico, las conductas manifestadas por el presunto acosador/a que avalarían la denuncia. (Señalar nombres, lugares, fechas, y detalles que complementen la denuncia).

**Si desea puede relatar los hechos en hoja adjunta**

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Señale desde hace cuánto tiempo es víctima de acciones de tipo de violencia o acoso (días, meses años)

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Señale individualización de personas que hubieren presenciado o que tuvieron información de lo acontecido (testigos) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ANTECEDENTES Y DOCUMENTOS QUE ACREDITAN LA DENUNCIA**

(Marque con una “X” la alternativa que corresponda)

|  |  |
| --- | --- |
| Ninguna evidencia específica |  |
| Testigos |  |
| Correos electrónicos |  |
| Fotografías |  |
| Video |  |
| Otros documentos de respaldo (señale cuales ) |  |

Nombre del denunciante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del denunciante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPROBANTE DE RECEPCION DE DOCUMENTOS (formato fisico)**

Copia para la persona que **ENTREGA** el documento

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE – FIRMA FUNCIONARIO/A

FECHA \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FECHA DE ENTREGA DEL DOCUMENTO) NOMBRE- FIRMA RECEPTOR/A

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**COMPROBANTE DE RECEPCION DE DOCUMENTOS**

Copia para la persona que **RECIBE** el documento

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NOMBRE – FIRMA FUNCIONARIO/A

FECHA \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FECHA DE ENTREGA DEL DOCUMENTO) NOMBRE- FIRMA RECEPTOR/A