**SEÑORES MIEMBROS DE LA JUNTA CANTONAL DE PROTECCIÓN DE DERECHO FRANCISCO DE ORELLANA**

1. **DATOS DEL O LA DENUNCIANTE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \***Nombres y apellidos**: | | | | | | | | | | | |  | | **\*#C.I.** | |
| \***Edad**: | | | **Estado Civil**: | | | | | | **Nacionalidad:** | | |  | | | **Profesión:** |
| \***Domicilio**: | | | | | | | | | | | |  | | | **\*Sector:** |
| \***Correo electrónico**: | | | | | | | | | | | |  | | | \***Telf. Nro.**: |
| \***Relación que tienen con la persona presuntamente afectada**: | | | | | | | | | | | |  | | | |
|  |  |  |  | **Padre** |  | **Hermano/a** |  | **Familiar** | |  |  |  | **Otros \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

**Madre Vecino/a**

***\*Campos obligatorios a ser llenados***

1. **DATOS DEL O LA PRESUNTAMENTE AFECTADO(A):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nombres y apellidos completos** | **Edad** | **# de Cédula** | | **Discapacidad** |
| 1. |  |  | |  |
| 2. |  |  | |  |
| 3. |  |  | |  |
| 4. |  |  | |  |
| 5. |  |  | |  |
| 6. |  |  | |  |
| **Domicilio**:  (*Especificar lugares de referencia.)* | | | **Sector**: | |

1. **DATOS DEL O LA DENUNCIADO(A):**

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| **\*Nombres y apellidos:** | | | | | | | | | | | |  | | **#C.I.:** | |
| **\*Nombres y apellidos:** | | | | | | | | | | | |  | | **#C.I.:** | |
| **\*Correo electrónico:** | | | | | | | | | | | |  | |  | |
| **Edad:** | | | | **Estado Civil:** | | | | | **Nacionalidad:** | | |  | | **Profesión:** | |
| **\*Domicilio:** | | | | | | | | | | | |  | | | **\*Sector:** |
| **\*Relación que tienen con la persona presuntamente afectada :** | | | | | | | | | | | |  | | | |
|  |  | **Madre** |  | **Padre** |  | **Hermano/a** |  | **Familiar** | |  | **Vecino/a** |  | **Otros \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  |  |  |  |  |  |
| **Telf. Nro.:** | | | | | | | | | | | |  | | | |

***\* Campos obligatorios a ser llenados***

**CROQUIS DEL DOMICILIO DEL O LA DENUNCIADO(A)**

**4. DESCRIPCIÓN DE LOS HECHOS. (Considerar lo siguiente: fecha, lugar, hora, participantes con sus nombres, apellidos y derecho vulnerado.)**

Comparezco ante Ustedes, con la finalidad de denunciar lo siguiente:

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Escriba el o los derechos vulnerados: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANTE LOS HECHOS DENUNCIADOS SOLICITO:**

**Detallar de forma específica cada una de las peticiones que solicita.**

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**Atentamente,**

**------------------------------------------------- Firma del denunciante**

**C.C.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**