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| **ACOSO SEXUAL** |  |
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|  | FORMA DE QUEJA (a ser presentada ante el oficial de cumplimiento de lo dispuesto en el ACA-R) |  |
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|  | **Favor de imprimir:** |  |
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|  | Número de teléfono   \_\_\_\_\_\_\_\_\_\_  otro número donde se le pueda localizar \_\_\_\_\_\_\_\_\_ |  |
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|  | Nombre de la persona, la escuela o departamento, programa o actividad: \_\_\_\_\_\_\_\_\_ |  |
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|  | Especifique su queja explicando el problema como lo ve. Describe el incidente, los participantes, los antecedentes del incidente, y cualquier intento que ha hecho para resolver el problema. Asegúrese de anotar las fechas relevantes, tiempos y lugares. |  |
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|  | Fecha de la acción contra la cual se queja     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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|  | Hay alguien que podría proporcionar más información sobre esto? Por favor escriba los nombres, direcciones y números de teléfono. |  |
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|  | **La solución proyectada** |  |
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|  | Indique qué cree que puede y debe hacerse para resolver el problema. Sea lo más específico posible. |  |
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|  |  | Certifico que esta información es correcta a lo mejor de mi conocimiento. |
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|  | *El oficial de cumplimiento, según lo señalado en el ACA-R, dará una (1) copia al demandante y se deben conservar una (1) copia para el archivo.* |  |