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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **https://forms.office.com/r/GTkmDMcQAK** | | | | | | | | | |
| **Desea Formular (Marque con una X)** | | | | | | | | | |
| **Petición** |  | **Queja** |  | **Reclamo** |  | **Sugerencias** |  | **Felicitaciones** |  |
| **Fecha** | | |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Datos Personales** | | | | | | | | | | | | | |
| **Nombre y Apellido** | | | |  | | | | | | | | | |
| **Razón Social** | | | |  | | | | | | | | | |
| **Teléfono/Móvil** | | | |  | | | | | | | | | |
| **Correo** | | | |  | | | | | | | | | |
| **Dirección** | | | |  | | | | | | | | | |
| **Servicio / Proyecto** | | | |  | | | | | | | | | |
| **En calidad de**  (Marque con una X) | | | | | | | | | | | | | |
| **Cliente** |  | | **Proveedor** | | |  | **Contratista** | |  | | **Trabajador** | |  |
| **Otro** |  | | **Cual:** | | |  | | | | | | | |
| **Motivo / Descripción de realizar PQRS** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Acciones que tomo al respecto** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Ante el Motivo, ¿Qué solicita?** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Por cuál medio de contacto desea recibir respuesta:** | | | | | | | | | | | | | |
| **Escrito** | |  | | | **Correo** | | |  | | **Teléfono** | |  | |

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| --- |
| **Firma** |
| **Nombre:** |
| **Número de documento:** |

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| Versión | Fecha | Realizó | Revisó | Aprobó |
| 00 | 03/01/2023 | Coordinador HSEQ | Director administrativo | Director General |
|  |  |  |  |  |