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|  | **informe de investigación preliminar** | **CÓDIGO: FR-TB-cdi-02** |
| **VERSIÓN: 1** |
| **FEcha: 12/DIC/2023** |

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| **INFORMACIÓN DE LA DENUNCIA** | | | | | | | | | | | | | | | |
| Lugar del suceso: | | | |  | | | | | | | Fecha del suceso: | | DD / MM / AAAA | | |
| Denunciante: | |  | | | | | | | | | | Cargo: | |  | |
| Persona denunciada: | | | | |  | | | | | | | Cargo: | |  | |
| Descripción de los incidentes reportados: | | | | | | | |  | | | | | | | |
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| **OBJETIVO DE LA INVESTIGACIÓN** | | | | | | | | | | | | | | | |
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| **INVESTIGADORES DESIGNADOS** | | | | | | | | | | | | | | | |
| Nombre del investigador principal: | | | | | | |  | | | | | | | | |
| Otros investigadores designados: | | | | | | |  | | | | | | | | |
| **ALCANCE DE LA INVESTIGACIÓN** | | | | | | | | | | | | | | | |
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| **MÉTODO DE INVESTIGACIÓN** | | | | | | | | | | | | | | | |
| Entrevistas | | | | Revisión de documentos | | | | | | Revisión de cámaras de seguridad | | | | | |
| Testigos | No | | Si | | | Nombre: |  | | | | | | Cargo: | |  |
| **CONCLUSIONES Y ACCIONES RECOMENDADAS** | | | | | | | | | | | | | | | |
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| **Anexos (fotos, videos, evidencias)** | | | | | | | No | | Si  (adjuntar al formato) | | | | | | |

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Firma de quien realiza la investigación

Nombre:

Cargo:

Fecha: DD / MM / AAAA\_