|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Logotipo  Descripción generada automáticamente   |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Interfaz de usuario gráfica  El contenido generado por IA puede ser incorrecto.** |  |  |  |  | |  |
|  |  |  |  |  |  | **CÉDULA DE QUEJAS Y DENUNCIAS 2025** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | |  |
|  |  |  |  |  |  | **U006 – PROGRAMA SUBSIDIOS PARA ORGANISMOS DESCENTRALIZADOS ESTATALES** | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |
| **DATOS DE IDENTIFICACIÓN DEL PROMOVENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |
|  | Anónimo | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Nombre | | |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Apellido Paterno | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Apellido Materno | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Sexo | |  | H |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  | M |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Edad | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  | Teléfono | | |  |  |  |  | | Correo Electrónico | | | | | | |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
| **TIPO DE HECHO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |
|  | Tipo de Hecho | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Aplicación del Recurso | | | | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  | Uso con otros fines (lucro, político) | | | | | | | | | | | |  |  | |  |  |
|  | Ejecución del Programa | | | | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  | Condicionamiento del Apoyo | | | | | | | | | | |  |  |  | |  |  |
|  | Servicio Ofrecido | | | | |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  | Otros | | | | |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
| **LOS HECHOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Datos Generales de los Hechos | | | | | | | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Entidad Federativa | | | | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  | Municipio | | | | | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Localidad | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | Otros | |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Fecha de los hechos | | | | | |  |  |  | | | | | | |  | |  | Hora de los Hechos | | | | | | | |  |  |  |  |  | : |  |  |  |  |  | |  |  |
|  |  | | | | | |  |  | | | | | | | | | |  |  | | | | | | | |  |  |  | |  | | |  | |  |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |
|  | Lugar Específico de los hechos | | | | | | | |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Narración de los hechos | | | | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
| **ELEMENTOS DE PRUEBA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |
|  | Pruebas | | |  | Sí |  |  |  |  | No | |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Especificar | | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Testigos | | |  | Sí |  |  |  |  | No | |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Nombre (s) | | |  |  |  |  |  |  |  |  |  |  |  | Teléfono | | | | |  |  |  |  |  | | Domicilio | | | | |  |  |  |  |  |  |  | |  |  |
|  |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | | | | |  |  |
|  |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | | | | |  |  |
|  |  | | | | | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Nombre del Ciudadano Promovente | | | | | | | | |  |  |  |  |  | |  | |  | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Nombre de Quien recibe queja o denuncia | | | | | | | | | | |  |  |  | |  | |  | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Archivos electrónicos | | | | | |  |  |  |  |  |  |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  |