** SOCIEDAD DE INGENIERIA ELECTRICA   
Y CONSTRUCCION  
SIEC. LTDA**

SIEC-PO-03 FT05-V02

**Formulario de Denuncia de Maltrato o Acoso Sexual o Laboral**

En \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a\_\_\_\_\_\_ del mes de \_\_\_\_\_\_\_\_\_\_\_\_\_, se ha recibido de parte de don /doña \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rut N°\_\_\_\_\_\_\_\_\_\_\_\_, la siguiente denuncia:

1. **INDIQUE EL TIPO DE ATENTADO A LA DIGNIDAD.**

(Marque con una “X” la alternativa que corresponda)

|  |  |
| --- | --- |
| Acoso Sexual |  |
| Acoso Laboral |  |
| Maltrato Laboral |  |
| Otra conducta que atente a la dignidad de las personas |  |

1. **IDENTIFICACION DEL DENUNCIANTE.**

* **Datos de Identificación respecto a quien REALIZA la denuncia:**

(Marque con una “X” la alternativa que corresponda)

|  |  |
| --- | --- |
| Víctima (Persona en quien recae la acción de violencia organizacional, acoso laboral y sexual) |  |
| Denunciante: Persona (un tercero) que pone en conocimiento el hecho constitutivo de violencia organizacional, acoso laboral y sexual y que NO es víctima de tales acciones. |  |

* **Datos personales del DENUNCIANTE:** (En el caso que el DENUNCIANTE NO sea la VÍCTIMA)

|  |  |
| --- | --- |
| Nombre completo |  |
| Cargo que desempeña |  |
| Departamento, Unidad, Área de desempeño |  |

* **Datos personales de la VÍCTIMA:**

|  |  |
| --- | --- |
| Nombre completo |  |
| RUT |  |
| Dirección Particular |  |
| Región / Comuna |  |
| Teléfono de contacto |  |
| Correo electrónico |  |

* **Datos de la VÍCTIMA respecto a la organización:**

|  |  |
| --- | --- |
| Cargo que desempeña |  |
| Departamento, Unidad, Área de desempeño |  |
| Establecimiento |  |

* **Datos personales del DENUNCIADO/A – VICTIMARIO/A:**

|  |  |
| --- | --- |
| Nombre completo |  |
| Cargo que desempeña |  |
| Departamento, Unidad, Área de desempeño |  |
| Establecimiento |  |

1. **RESPECTO A LA DENUNCIA:**

(Marque con una “X” la alternativa que corresponda)

Nivel jerárquico del DENUNCIADO/A - VICTIMARIO/A respecto a la Víctima

|  |  |
| --- | --- |
| Nivel Superior |  |
| Igual Nivel Jerárquico |  |
| Nivel Inferior |  |

¿El/la DENUNCIADO/A - VICTIMARIO/A corresponde a la jefatura superior inmediata de la Víctima?

|  |  |
| --- | --- |
| Sí |  |
| No |  |

¿El/la DENUNCIADO/A - VICTIMARIO/A trabaja directamente con la Víctima?

|  |  |
| --- | --- |
| Sí |  |
| No |  |
| Ocasionalmente |  |

¿El/la DENUNCIADO/A - VICTIMARIO/A ha puesto en conocimiento de su superior inmediato esta situación?

|  |  |
| --- | --- |
| Sí |  |
| No |  |

1. **NARRACIÓN CIRCUNSTANCIADA DE LOS HECHOS.**
   * Describa las conductas manifestadas - en orden cronológico - por el/la presunto/a acosador que avalarían la denuncia. (Señalar nombres, lugares, fechas y detalles que complementen la denuncia).

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* + Señale desde hace cuánto tiempo es víctima de acciones del tipo violencia organizacional:

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* Señale individualización de quién o quiénes hubieren cometido actos atentatorios a la dignidad de las personas: (Señalar nombres, lugares, fechas y detalles que complementen la denuncia)

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* Señale las personas que hubiesen presenciado o que tuvieron información de lo acontecido - Testigos -. (Señalar nombres, lugares, fechas y detalles que complementen la denuncia).

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* Antecedentes y documentos que acreditan la denuncia: Marque con una “X” la alternativa que corresponda:

|  |  |
| --- | --- |
| Ninguna evidencia específica |  |
| Testigos |  |
| Correos electrónicos |  |
| Fotografías |  |
| Video |  |
| Otros Documentos de respaldo |  |

Si respondió “Otros Documentos de respaldo”, favor señale cuál/es:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Observaciones**

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**Nombre y Firma del/la Denunciante**

**Código: SSMA-PO-03 FT05**

**Versión: 00**