

Mtro. Adrián Uribe Agundis
Defensor de los Derechos Universitarios
Presente.

**Queja No.
Fecha.
Para ser llenado por la Defensoría**

Por medio de este escrito me permito presentar ante usted queja por estimar que he sido afectado en mis derechos universitarios. Para tal efecto a continuación expreso los siguientes datos.

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| --- | --- |
| Nombre |  |
| Señale la categoría en la que se ubica |
| Académico |  | Estudiante |  | Administrativo |  |
| Egresado |  | Otro |  |

 **Datos Personales**

 **I.- Hechos o situación denunciada. (Narre los hechos relativos a su queja).**

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**II.- Persona (s) señalada (s) como responsable (s):**

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**III.- Derechos que estime vulnerados.**

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**IV.- Petición al Defensor.
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**Cd. Juárez, Chih., \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Nombre y firma**