**DENUNCIA DE ACOSO, DISCRIMINACIÓN O VIOLENCIA BASADA EN GÉNERO Y SEXUALIDAD**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fecha de levantamiento de la denuncia | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Datos de la persona** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombres y apellidos | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Sexo | | | | | | | | | | | | | | | | Género | | | | | | | | | |
| Mujer | | | | | Hombre | | | | | | | | Masculino | | | | Femenino | | | | | Otro | | | |
|  | | | | |  | | | | | | | |  | | | |  | | | | |  | | | |
| Edad | | | | Cédula | | | | | | | | | | Pasaporte | | | | | | | Nacionalidad | | | | |
|  | | | |  | | | | | | | | | |  | | | | | | |  | | | | |
| Dirección domiciliaria | Calle | | | | | | | | | | | | | | | | | | | | | Número | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | |
| Teléfono fijo |  | | | | | | | | | | | | | | | Teléfono celular | | |  | | | | | | |
| Discapacidad | | | Física | | | | | | Intelectual | | | | | | Sensorial | | Psicológica | | | | | Mental | | Otra | |
|  | | | | | |  | | | | | |  | |  | | | | |  | |  | |
| Autoidentifcación | | | Indígena | | | | | | Afroecuatoriana | | | | | | Montubia | | Mestiza | | | | | Blanca | | Otra | |
|  | | | | | |  | | | | | |  | |  | | | | |  | |  | |
| Estado civil | | | Soltera | | | | | | | | Casada | | | | | Unión de hecho | | Viuda | | | | | Divorciada | | |
|  | | | | | | | |  | | | | |  | |  | | | | |  | | |
| Movilidad Humana | | Migrante | | | | | | | | | | | | | | Refugiada | | | | | | País de origen | | | |
|  | | | | | | | | | | | | | |  | | | | | |  | | | |
| Facultad / Escuela / Área de la unidad a la que pertenece | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Datos sobre la agresión** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha de la agresión: | | | | | |  | | | | | | | | | | Hora de la agresión: | | | |  | | | | | |
| Lugar de la agresión: | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Tipo de agresión: | | | | | | Física | | | | | | | | | | Psicológica | | | | | | Sexual | | | |
|  | | | | | | | | | |  | | | | | |  | | | |
| Frecuencia: | | | | | | Primera vez | | | | | | | | | | Ocasional | | | | | | Permanente | | | |
|  | | | | | | | | | |  | | | | | |  | | | |
| Nombre de la persona agresora (en el caso de conocerla) | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Puesto, función o relación de la persona agresora con la Universidad: | | | | | | Docente | | | | | | | Estudiante | | | | Autoridad | | | | | Administrativo | | | Otro |
|  | | | | | | |  | | | |  | | | | |  | | |  |

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Firma de la persona que atiende Firma de la persona agredida

Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_