**ANEXO 3**

**CÉDULA PARA LA CANALIZACIÓN**

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| **CÉDULA DE CANALIZACIÓN** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | **Lugar de elaboración** | | | | |  | **Fecha** | | | |  | **Nombre de la quejosa** |  |  |
|  |  | | | | |  |  |  |  | |  | **Número de Expediente** |  |  |
|  | | | | | | | | | | | | | | |
| **CANALIZACIÓN** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | **SÍ:** |  |  | **Nombre de la Institución** | | | | |  | | | |  |
|  | |  |  |  | **Número de oficio:** | | | | |  | | | |  |
|  | |  |  |  | **Servicio que se canalizó:** | | | | |  | | | |  |
|  | |  |  |  |  | | | | |  | | | |  |
|  | | **NO:** |  |  | **¿Por qué?** | | | | |  | | | |  |
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| **ATENCIÓN U ORIENTACIÓN OTORGADA POR EL IEPC JALISCO PREVIO A LA CANALIZACIÓN** | | | | | | | | | | | | | | |
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| **PERSONAL QUE BRINDÓ LA ATENCIÓN** | | | | | | | | | | | | | | |
| **Nombre:** | | |  | | | | | | | | | | |  |
| **Cargo:** | | |  | | | | | | | | | | |  |
| **Firma:** | | |  | | | | | | | | | | |  |