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|  |  | |  |  | **VIOLENCIA EN EL TRABAJO** |  |
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| **Testimonio de testigo en Incidente Violento** |
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Por favor, escribir con letra legible. Emplear un informe anexo si se juzga necesario

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| **FECHA INCIDENTE:**  ................................................................ | | **HORA DEL INCIDENTE:**  ............................................................... | **LUGAR DEL INCIDENTE Y CENTRO DE TRABAJO**: | |
| **NOMBRE Y APELLIDOS:**................................................................................................................................. **TFNO DE CONTACTO:** ............................................. | | | | |
| **PROFESIÓN:**............................................................................................................. | | |  | |
| INTERVENCIÓN DE SEGURIDAD: NO  SI   **POLICÍA / GUARDIA CIVIL:** NO  SI  | | |  | |
| **AGRESIÓN NO FÍSICA** | | | **AGRESIÓN FÍSICA** | |
| PRESENCIAL TELEFÓNICA  REDES SOCIALES  OTRA......................................... | | | EMPUJADO  GOLPEADO  SUJETADO  PINCHADO   OTRA......................................... | |
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|  | **DESCRIBIR CÓMO SUCEDIERON LOS HECHOS CON EL MAYOR DETALLE POSIBLE (ESPECIFICANDO INSULTOS, AMENAZAS O GESTOS):** | | |  |
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| *OBSERVACIONES*: | | | |
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| **FIRMA DEL TESTIGO:** | | | |
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