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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.........................................  |
|  |  |
|  | **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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