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| **Fecha de asignación:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |  |  |  |
| **Nombre del recurrente:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |  |  |  |
| **Abogado responsable:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |  |  |  |
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| **1.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Solicitud de queja del accionante. | | | |  |  |  |  |  |  |  |  | **SI** |  | **NO** |  | **N/A** |
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| **2.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Resolución de valoración de no inclusión expedido por registro (RNI). | | | | | | | | |  |  |  | **SI** |  | **NO** |  | **N/A** |
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| **3.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Solicitud de interposición de recursos: Reposición y/o Apelación o ambas por el accionante. | | | | | | | | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **SI** |  | **NO** |  | **N/A** |
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| **4.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Acto administrativo donde se le informa al recurrente que no se le resuelven los recursos por extemporaneidad. | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | **SI** |  | **NO** |  | **N/A** |
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| **Observaciones:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Nota**: N/A = No Aplica | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |