|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FECHA | NO. DE QUEJAS Y/O SUGERENCIAS ENCONTRADAS | | | | COMENTARIOS | NOMBRE Y FIRMA DE QUIEN REVISA | |
| CHIMALHUACÁN | TOLUCA | ORO | VALLE DE BRAVO |  | Coordinación del Sistema de Gestión Integral | Sub. Planeación |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |