



**PREFEITURA MUNICIPAL DE CAMPINAS**  
**OUIDORIA GERAL DO MUNICÍPIO DE CAMPINAS**

### INFORMAÇÕES DO DENUNCIANTE

EXPEDIENTE: \_\_\_\_\_

DATA: \_\_\_\_\_

NOME: \_\_\_\_\_

IDADE: \_\_\_\_\_

ESCOLARIDADE: \_\_\_\_\_

OCUPAÇÃO: \_\_\_\_\_

CONTATO: \_\_\_\_\_

PESSOALMENTE

TELEFONE

TELEFONE: \_\_\_\_\_

### IMPRESSIONES DO ATENDIMENTO

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Campinas \_\_\_\_\_ de \_\_\_\_\_ de \_\_\_\_\_ .

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ASSINATURA DO ATENDENTE