**Fala.BR - SISTEMA DE OUVIDORIA DO PODER LEGISLATIVO**

**REGISTRO DA MANIFESTAÇÃO DO USUÁRIO/CIDADÃO**

**1 - TIPO DE MANIFESTAÇÃO**

Denúncia ( ) Reclamação ( ) Solicitação ( ) Sugestão ( ) Elogio ( )

**2 – Para qual órgão você quer enviar sua manifestação?**

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**3 – Qual assunto você quer falar?**

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**4 – Sobre qual órgão você quer falar?**

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**5 – Descrição dos atos ou fatos: \* (Preenchimento obrigatório)**

**\* (pode incluir anexos)**

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**6 – LOCAL DO FATO**

**UF: Município:**

**Local:**

**7 - CANAL DE ENTRADA DA MANIFESTAÇÃO**

Carta ( ) E-mail ( ) Presencial ( ) Telefone ( ) Outros ( )

**8 – QUAIS OS ENVOLVIDOS DO FATO?**

Nome(s) do(s) envolvido(s):

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Função do(s) envolvido(s)

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Órgão/Empresa

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**9 – IDENTIFICAÇÃO**

( ) Quero me identificar SEM restrição (Permito acesso aos meus dados pessoais)

( ) Quero me identificar COM restrição (Não permito acesso aos meus dados pessoais)

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

**E-MAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* NOME e E-MAIL (Preenchimento obrigatório)**

**10 – DEMAIS DADOS CADASTRAIS**

**a) Gênero:** ( ) Feminino ( ) Masculino

**b) Doc. de identificação:** ( ) CPF ( ) RG ( ) CNH ( ) TÍT. ELEITOR

( ) OUTRO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Número:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**c) Faixa Etária** ( ) 0–19 ( ) 20–39 ( ) 40–59 ( ) 60–79 ( ) mais de 80 anos

**d) Cor/Raça** ( ) Branca ( ) Preta ( ) Amarela ( ) Parda ( ) Indígena

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**DDD** \_\_\_\_\_\_\_\_\_\_ **TELEFONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CEP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **UF** \_\_\_\_\_\_\_\_\_

**MUNICÍPIO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOGRADOURO (Rua/Av/etc)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NÚMERO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLEMENTO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BAIRRO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SÃO SEBASTIÃO DO CAÍ – RS \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ .**

**ASSINATURA DO USUÁRIO/CIDADÃO**