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| **Proceso:** |  | **Dependencia o Unidad Académica:** |  |

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| **FECHA IDENTIFICACIÓN DEL PROBLEMA O SERVICIO NO CONFORME** | | | **NOMBRE Y CARGO DE QUIEN DETECTA EL SERVICIO NO CONFORME** | **DESCRIPCIÓN DEL PROBLEMA O NOVEDAD** | **ACCIÓN TOMADA (CORRECCIÓN)** | **RESPONSABLE DE LA ACCIÓN** | **FECHA DE LA CORRECCIÓN** | | | **¿LA ACCION FUE EFICAZ?**  **(Marque con una X)** | | **(EVIDENCIAS Y FECHA DE CIERRE)** | **FIRMA DEL RESPONSABLE DEL SEGUIMIENTO** | **TIPOLOGIA DEL SERVICIO NO CONFORME (Espacio exclusivo para el diligenciamiento del equipo de Calidad)** |
| **AA** | **MM** | **DD** | **AA** | **MM** | **DD** | **SI** | **NO** |
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