

Johnson Food Service, LLC
FRAUD, WASTE, AND ABUSE REPORT

Name of person submitting report: _____

(You do not have to give your name, address, or phone number if you choose to submit this form anonymously.)

Mailing Address: _____

Home phone number: _____

Briefly describe the problem: _____

State the steps you have taken to solve the problem, if any: _____

Submit this report to the following address:

Johnson Food Service, LLC
ATTN: Mr. Jim Ed Rice
P.O. Box 207
Smithville, Tennessee 37166
Phone: (615) 597-6278
Fax: (615) 597-2261

Please attach continuation sheets if necessary. We will investigate your report and, if we have your name and address, we will contact you regarding the matter if further information is necessary for the completion of our investigation. The purpose of this report is to identify and eliminate any fraud, waste and abuse on this project. Please use this report for this purpose only and reserve general workplace comments for other appropriate channels.