Form FN-1

JORDANELLE SPECIAL SERVICE DISTRICT
ANONYMOUS SUBMISSION OF ALLEGATIONS OF FRAUD

Date Submitted

Do Not provide your name

Submitted by: (Optional)

- ☐ Employee
- ☐ Board Member
- ☐ Customer
- ☐ Vendor
- ☐ Other

Specific Allegation(s):

Please provide a description of the alleged fraudulent activity, including the suspected individual's(s') name(s) and position within the District. Please attach any supporting documentation you might have regarding the alleged violation.