

Confidential and Subject to Attorney-Client Privilege

Fraud Assessment Form (FAF)

Summarize the events surrounding allegations of fraud, abuse and suspicious activity.

Before completing this form please do the following for each new occurrence:

(a) Do a file save as, give document a new name. (b) Open newly created document and fill out completely. (c) Save file. (d) Click on "Submit by E-mail" button at the bottom. **Be sure this form is BLANK before adding NEW data.**

Legal Entity

Lawson Company

Site/Campus (fill in)

Alleged "Accused" (Claimant)

Name: Title:

Type

"Reporter" (Participant)

Name: Title:

Type

Affiliate Contact

Name: Title:

Department Phone

Description

Date Discovered Method of Discovery

Location of Stolen Items (If relevant) - Define below:

Estimate of Loss

(Fill In)

Loss Recovered?

Yes No

Amt. Recovered (fill in)

THIS PAGE TO BE COMPLETED BY AFFILIATE

FAF-100 (Affiliate)