

Client Satisfaction Survey

Institute Audit, Compliance & Advisement

How did we do? Did we meet your needs? Your feedback on our performance is essential to help us improve our service to you. Please complete this short survey and return it to us soon. Thank you!

Name of Audit

Division/Department:

Name:

Please mark the response box below that best describes our performance during your audit project.

1 = Strongly disagree 2= Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

During the audit process, we:

	1	2	3	4	5
Requested management's input on areas planned to be covered by the audit team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearly communicated the audit objectives, scope, and timing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made efforts to minimize disruption to your division/department throughout the audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Became adequately knowledgeable of your processes, risks, controls, and business within the areas selected for review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept you informed of our observations/issues throughout the audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated a professional and constructive approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made suggestions that were beneficial for managing risk in your area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrote a report that is easy to understand and accurately reflected the findings of the audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covered all the areas discussed at the entrance meeting (or changes in the audit scope were discussed with you).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Added value to your organization through improving/providing assurance about controls, providing an opportunity to improve operations, training, or utilization of the system...etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would also appreciate your response to the following questions.

1. Was there anything about the audit that you especially appreciated?

2. Was there anything about the audit that we could have done more effectively?

3. How can Institute Audit, Compliance & Advisement better support you in your efforts to improve internal controls?

4. Do you have any suggestions or ideas for future audits?

When completed, please return to: Chris VanHemel, Building 13, Room 1301