Submit Form

MUSC/MUHA Internal Audit Department
Client Satisfaction Survey

Clear Form

Internal Audit management will use the information on this form to evaluate how we can improve the service we provide. Please select the choice that best reflects your rating of the above referenced review in the following areas:

Auditor(s):	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	**N/A**
Audit Process					
1. You were asked to identify issues relevant to area audited.	○	○	○	○	○
2. The audit purpose, scope, and objective were clearly explained.	○	○	○	○	○
3. Auditor was allowed free and unrestricted access to records, information, locations, and employees to perform the engagement.	○	○	○	○	○
Communication and Conduct					
1. Auditor communicated the review status and results throughout the engagement.	○	○	○	○	○
2. Auditor was courteous, professional and displayed a constructive and positive attitude throughout the audit.	○	○	○	○	○
3. Auditor was willing to provide advice and information when needed.	○	○	○	○	○
4. Auditor was objective in carrying out the audit.	○	○	○	○	○
5. Auditor was technically proficient.	○	○	○	○	○
6. Auditor presented the results objectively and fairly.	○	○	○	○	○
Comments and Reporting					
1. Auditor requested management input on emerging issues/comments during the engagement.	○	○	○	○	○
2. Reported audit comments were of a significant nature.	○	○	○	○	○
3. Audit suggestions were constructive and actionable.	○	○	○	○	○
4. Draft report was issued in a timely manner.	○	○	○	○	○
5. Report was clearly written and logically organized.	○	○	○	○	○
6. Overall, the audit was useful to the area.	○	○	○	○	○

What aspects of the audit did you like? _____

What aspects of the audit did you dislike? _____

Additional comments: _____

_____

Name (optional) _____ ***Title*** _____ ***Date*** _____

Please return completed survey to: Susan Barnhart, Internal Audit Department, 45 Bee Street, MSC 206 or fax to 792-1204.