Client Satisfaction Survey  

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. Requested management’s input on areas planned to be covered by the audit.  
2. Clearly communicated the audit objectives, scope, and timing.  
3. Made efforts to minimize disruption to your division/department throughout the audit.  
4. Became adequately knowledgeable of your processes, risks, controls, and business within the areas selected for review.  
5. Kept you informed of our observations/issues throughout the audit.  
6. Demonstrated a professional and constructive approach.  
7. Made recommendations that were beneficial.  
8. Wrote a report that was easy to understand and accurately reflected the findings of the audit.

We would also appreciate your response to the following questions.

9. Was there anything about the audit that you especially appreciated?
We would also appreciate your response to the following questions.

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

11. How can Institute Audit, Compliance & Advisement support you in your efforts to improve your processes and controls?

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