

*Tell us what you think!*



## Office of Internal Audit Customer Satisfaction Survey

Title: \_\_\_\_\_ Audit Report No. \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Audit Performed by: \_\_\_\_\_

Your name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

The Office of Internal Audit recently completed the above review. Please help us enhance our quality and level of performance by completing the following survey. Mark the appropriate boxes below and provide comments as requested. If you cannot respond to a question because you have no basis for evaluation, please indicate "No Basis".

Criteria	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	No Basis
<b>AUDIT PROCESS</b>					
1. The audit objectives were clearly communicated.					
2. Areas of concern were solicited, considered, and addressed.					
3. Communication of audit progress and frequency of updates for the audit was adequate.					
<b>AUDIT STAFF</b>					
4. The audit team conducted the audit in a professional and technically proficient manner.					
5. The audit team was respectful of you and/or your staff's time and used the time meaningfully.					
<b>AUDIT REPORT</b>					
6. Audit results were fairly and accurately reported using an objective perspective.					
7. The audit team's conclusions were logical with reasonable recommendations.					
8. The audit report was accurate, clear, and organized.					
9. The time given to respond to the draft report was adequate.					
10. The overall time to complete the audit and issue the final report was acceptable.					
<b>OVERALL SATISFACTION</b>					
11. Overall, the audit added value and provided meaningful results.					

12. Additional comments you feel may be helpful in evaluating the quality or effectiveness of this audit.

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13. Please provide any other comments that will help us enhance our services in the future.

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*It is our goal to make each auditing experience beneficial to you and your department.  
Thank you for helping us improve our process!*

Please send completed survey to:

Clay Sprouse, Chief Audit Officer  
1120 15<sup>th</sup> Street, HS 3135  
Or [csprouse@gru.edu](mailto:csprouse@gru.edu)  
Or via fax at 706-721-9094