

MPUMALANGA DEPARTMENT OF FINDINGS  
INTERNAL AUDIT

Client Satisfaction Survey

Date:													
Your input is essential to our improvement and success. Please complete this short survey by marking the box which best describes our performance level during the audit project. Please return the survey to us within 5 days.													
Section I (to be completed by Internal Audit):													
Auditee:		Mpumalanga Department of Finance											
Lead Auditor:													
Business area reviewed:			Report date:										
Section II (to be completed by the Auditee):													
Please enter any comments particularly for items you were not satisfied with or were extremely satisfied with in the Feedback section at the end of this questionnaire.													
1 = Strongly disagree 5 = Strongly agree													
<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </table>								N/A	1	2	3	4	5
	N/A	1	2	3	4	5							
<i>During the audit process, did we:</i>													
Communicate clearly the audit objective, scope and timing and fulfil them to your expectation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Jointly agree on the scope of the audit, including your specific concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Conduct the audit in an efficient manner with minimal disruption.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Take an acceptable amount of time (from beginning to issuance of report).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Show that we were knowledgeable of the your processes, risks, controls and your industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Keep you informed of our observations/issues throughout the audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Demonstrate a professional and constructive approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Make recommendations that were constructive, creative, accurate and actionable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Write a report that is easy to understand and accurately reflects the findings of the audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Add value to your organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
How do you believe the Internal Audit service can be improved?													
We would appreciate any additional feedback you can provide. Thank you!													
Signed:			Date:										
When completed, please return to Internal Audit													