

Audit Name:	PCC Risk Management
Audit Ref:	F011992/005
Date:	28.1.14

Please use this form to indicate your views on the audit recently completed and help us improve our service to you. The form is designed to enable quick responses and also offers an opportunity to clarify or develop other issues.

If you would like to receive this survey in a different language or format, or you would like further details on Audit Services, please e-mail audit.enquiries@suffolk.gov.uk

1. Was the audit process explained adequately? Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were the objectives and scope agreed prior to the commencement of the audit? Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were the findings practical and adequately supported by evidence? Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Were your views and comments adequately represented in the final report? Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you feel that the audit will add value to your work? Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Overall, how would you describe your audit experience? (select all that apply) Innovative Made a difference Effective Efficient Too much process Slow Bureaucratic Other (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>7. Would you encourage others to be audited?</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Do you have any other comments about the audit process?</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Please state if you would like us to contact you to discuss any issues within this feedback?</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Please complete your name and job title:

Name:

Date:

Job title:

Please return completed surveys to the following address:

Head of Audit Services
Suffolk County Council
Endeavour House
8 Russell Road
Ipswich
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IP1 2BX

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