

**Internal Audit Feedback Form**

The Chief of the Department of designee is asked to complete this form following the internal audit of your department and return it to the Continuous Improvement Office. Your response is appreciated as it will help us to continually improve the internal audit process.

Department Audited: \_\_\_\_\_ Date of Internal Audit: \_\_\_\_\_

Chief of Department/Designee: \_\_\_\_\_

Auditor name(s): \_\_\_\_\_

\_\_\_\_\_

		Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
<b>Please choose the best answer:</b>						
<b>1</b>	The audit was conducted in a highly professional and productive manner					
<b>2</b>	The audit helped us to identify ways to improve our process/procedure					
<b>3</b>	The timeframe for the audit was sufficient					
<b>4</b>	The auditors asked appropriate questions					
<b>5</b>	The auditors were prepared for the audit					
<b>6</b>	The audit focused on our processes and procedures, not on individual employees					
<b>7</b>	Observations, suggestions & non-conformances were shared with us during the audit					
<b>8</b>	Appropriate work samples/results were requested during the audit					
<b>9</b>	The audit provided an opportunity for us to discuss both effective and less effective aspects of our procedures					
<b>10</b>	We are prepared for an external audit					

**Additional comments regarding the internal audit are appreciated:**

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**\*\*Please return completed form to: Tia Harris in the Continuous Improvement Department. Thanks!**