

**INTERNAL AUDIT DEPARTMENT  
CUSTOMER SATISFACTION SURVEY**

Audit: **Clark County Special Improvement Districts Financial Audit** Project No.: **00F07**

Thanks to you and your staff for your assistance in our recent audit. Your feedback is valuable in our efforts to continually improve our services. Please rate each statement in terms of importance and satisfaction, on a scale of 1 to 5 (1 being low, 5 being high).

	IMPORTANCE					SATISFACTION				
	Low			High		Low			High	
1. You were able to obtain a clear understanding of the audit objectives and the scope of the examination.	1	2	3	4	5	1	2	3	4	5
2. We were responsive to your suggestions and concerns throughout the audit.	1	2	3	4	5	1	2	3	4	5
3. If this was a requested audit, we completed it in time to be of benefit to you.	1	2	3	4	5	1	2	3	4	5
4. We were considerate with respect to your staff's time.	1	2	3	4	5	1	2	3	4	5
5. Significant audit issues were promptly communicated to you.	1	2	3	4	5	1	2	3	4	5
6. You were adequately informed of the timing and progress of the audit.	1	2	3	4	5	1	2	3	4	5
7. The audit report was unbiased and objective.	1	2	3	4	5	1	2	3	4	5
8. The audit provided meaningful results to the program, entity, or County overall.	1	2	3	4	5	1	2	3	4	5
9. You were satisfied with the overall engagement.	1	2	3	4	5	1	2	3	4	5

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Please tell us how we could have done a better job on this audit.

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To develop services we could offer in the future that would be beneficial to you, please tell us what your primary concerns and/or planned changes for your department are (i.e., new computer systems, electronic processing, major legislative changes, etc.)

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Name and Title

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Date