

FAX to:
Spot Audit Program
The Law Society of Upper Canada
Fax # (416) 947-3485

Business#: _____ Branch #: _____

Member#: _____ Spot Audit #: _____

POST SPOT AUDIT SURVEY

Thank you for your co-operation during the audit of your practice by the Law Society. In order to ensure that we carry out audits as efficiently and with as little disruption to members' practices as is practically possible, the Law Society is seeking feedback from those members who have recently been audited. Below you will find a survey designed to gather member input.

Please take a few minutes to complete the brief survey and to return it **by fax [(416) 947-3485]** to the Law Society. Your frank response and suggestions will prove valuable as we work to improve the spot audit program. Alternatively, you can complete our web-based survey at:

<http://www1.lsuc.on.ca/SASurvey/>

Log into the survey using the Business #, Branch #, Member # and Spot Audit # above.

If you have any questions or need assistance in completing the survey, please call Buena Lozano at 416-644-4889 or toll free at 1-800-668-7380 ext 4889.

1. How would you rate the following aspects of the spot audit program?

Useful Not Useful

_____ _____ Being provided with an Audit Report to Member, on completion of the audit, identifying areas of non-compliance with the By-Laws and suggestions for improvement.

_____ _____ Being provided with a list of Internal Control Considerations.

Comments? _____

2. Did you find the spot audit process constructive? (i.e. did it enhance your knowledge of the record keeping requirements and handling of money and other property?)

_____ Yes

_____ No

Comments? _____

3. In addition to the Law Society's Member Resource telephone helpline (**416-947-3315** or toll free **1-800-668-7380 ext 3315**), Spot Audit e-mail assistance (**spot@lsuc.on.ca**), and Practice Resources on the Law Society web site (**http://mrc.lsuc.on.ca/jsp/home/**) is there any assistance you would like the Spot Audit department to provide?

4. Please provide your comments with respect to the specific auditor's conduct during the audit.

5. Do you have any other comments or suggestions for the Spot Audit department?

MEMBER NAME: _____
(Please print)

FIRM NAME: _____
(Please print)

SIGNATURE: _____

AUDIT DATE: _____

Thank you for taking the time to complete and return this survey.

2008/06/27