

POST SPOT AUDIT SURVEY

Please send to
Spot Audit Program
Law Society of Ontario
e-mail to spot@lso.ca or fax at (416) 947-3485

Business Number: _____ Branch Number: _____

LSO Number: _____ Spot Audit Number: _____

Thank you for your co-operation during the Spot 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 your practice as is practically possible, the Law Society is seeking feedback from those lawyers who have recently been audited. Below you will find a survey designed to gather your input.

Please take a few minutes to complete the brief survey and to return it by email spot@lso.ca 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.lso.ca/SASurvey/>

Log into the survey using the Business Number, Branch Number, LSO Number and Spot Audit Number above.

1. How would you rate the following aspects of the Spot Audit program?

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

Being provided with a Practice Management Review Resource list (see link on page 2 of pre-audit letter).

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?)

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@lso.ca), and Practice Resources on the Law Society web site (see Practice Management Review Resource List: link on page 2 of pre-audit letter) 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?

LICENSEE NAME:

BUSINESS NAME:

SIGNATURE:

SPOT AUDIT DATE:

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

2020/06/17