Department of Internal Audit
Box 93095, Lake Charles, LA 70609
337-475-5590 | bdean3@mcneese.edu

INTERNAL AUDIT REQUEST FORM

(Utilize this form to request an audit or advisory engagement, or to report suspected fraudulent activity)

Request submitted by: _____ ***Date:*** _____

Email: _____ ***Phone:*** _____

What time would be best to contact you?_____

*****Please note that you can remain anonymous by leaving the contact information blank*****

Reporting party acting as *(please select one)*:
☐ Employee ☐ Management ☐ Stakeholder

Is this inquiry for audit services, advisory services, or fraudulent activity *(see definitions below)*?
☐ Audit Services ☐ Advisory Services ☐ Fraudulent Activity

Definitions of Services:

Audit Services – An objective examination of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization. *(Examples may include financial, performance, compliance, system security, and investigative)*

Advisory Services – Advisory and client-related service activities, the nature and scope of which are agreed upon with the client, are intended to add value and improve an organization's governance, risk management, and control processes without the internal auditor assuming management responsibility. *(Examples may include counsel, advice, facilitation, and training)*

Fraudulent Activity – Involves deliberate deception for personal or organizational gain, often involving misrepresentation of facts, concealment of information, or manipulation of documents. *(Examples may include identity theft, misappropriation of assets, embezzlement, and falsifying records)*

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1. **Describe any suspected improper activity in detail that you have witnessed or noted *(if possible, include date, time, witnesses, etc.)*.**

2. **How long has the suspected improper activity been going on *(i.e., what period does this request relate to – ex: FY17, FY18, January – June, etc.)*?**

3. **What event, concern, or information caused your request?**

4. **What do you want reviewed?**

5. **What department, division, and/or location does this request pertain to?**

6. **What is the specific area or business process?**

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7. **Who are the key people to contact?**

_____
_____
_____
_____

8. **What would be the purpose and objectives for the audit or investigation** (*i.e., what would you like to determine as a result of the audit or investigation*)**?**

_____
_____
_____
_____

9. **Is this request time sensitive? If so, please provide an explanation as to why.**

_____
_____
_____
_____

10. **Additional Comments:**

_____
_____
_____
_____

SUBMISSION INSTRUCTIONS:

1. Please attach any records you can provide that would assist in the investigation.

2. You may either:

a. Send **anonymously** through campus mail to the attention of:

Department of Internal Audit
Box 93095
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OR

b. Email **directly** to the Director of Internal Audit, at ***bdean3@mcnesese.edu***