MEDIATOR FEEDBACK / EVALUATION FORM

Each mediator is requested to complete this confidential Feedback/Debrief form **within 2 working days** after the mediation session. Please mail the questionnaire (in a sealed envelope) to the address below OR FAX to (954) 792-1109. Your feedback is a critical part of our Quality Assurance Program.

DATE of Mediation _____ LOCATION _____

REQUESTING AGENCY:_____ EEOC assigned? Yes _____ No _____

MEDIATOR A: _____ MEDIATOR B: _____

INITIATING PARTY: _____ RESPONDENT: _____

OTHER PARTY: _____ OTHER PARTY: _____

Please circle the number best describing the final disposition of the mediation:

1 **No Resolution—Conflict** still exists **2** **No Resolution**: **Communication** improved

3 **Partial Resolution**—Settlement agreement for some of issues **4** **Complete Resolution**: Settlement for all identified issues

PROCESS EVALUATION

Please rate the following items on a scale of 1 to 5 by circling the number that represents your choice:

1 = strongly disagree	2 = somewhat disagree	3 = neither agree or disagree
4 = somewhat agree	5 = strongly agree	N/A= don't know or are unable to determine

							COMMENTS
You EXPLAINED the PROCESS effectively.	1	2	3	4	5	N/A	_____
The RIGHT PARTIES were at the table.	1	2	3	4	5	N/A	_____
Both sides negotiated in GOOD FAITH.	1	2	3	4	5	N/A	_____
You were able to help CLARIFY ISSUES.	1	2	3	4	5	N/A	_____
You LISTENED well and gave right amount of INPUT.	1	2	3	4	5	N/A	_____
You helped GENERATE realistic OPTIONS	1	2	3	4	5	N/A	_____
You were able to be FAIR and IMPARTIAL.	1	2	3	4	5	N/A	_____
You have been effective.	1	2	3	4	5	N/A	_____
CO-MEDIATION was effective	1	2	3	4	5	N/A	_____
Mediation has been USED APPROPRIATELY.	1	2	3	4	5	N/A	_____

Please provide any additional comments for our Quality Assurance program to include ANYTHING ELSE you think should be done to improve the Shared Neutrals Program:_____

_____

_____

If you would like a (confidential) **call with the Executive Director** please call (954) 792-1109.

Thank you for taking the time to fill out this survey!

Please mail to **Alamo Federal Executive**
(210) 565-1860

or FAX to

Alamo FEB Shared Neutrals Form
SN-5 (Mediator Feedback)
September 2003