

**MEDIATION EVALUATION FORM**

Name of Mediator(s) \_\_\_\_\_ Mediation Date \_\_\_\_\_

Would you recommend the mediator(s) for use in other mediations? Y\_\_\_N\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Did you feel that the mediator(s) remained neutral during the entire mediation process?

Y\_\_\_ N\_\_\_ If not, please explain: \_\_\_\_\_

\_\_\_\_\_

Case results: Settled\_\_\_ Partial Settlement\_\_\_ Not Settled\_\_\_ If not settled, was the

mediation still helpful? Y\_\_\_ N\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Satisfaction with the Process:

Very Satisfied\_\_\_ Satisfied\_\_\_ Neutral\_\_\_ Dissatisfied\_\_\_ Very Dissatisfied\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Check all that apply to the mediation: EEO\_\_\_ Contract\_\_\_ Union\_\_\_ Personnel\_\_\_

Environmental \_\_\_ Other (specify) \_\_\_\_\_

Were you the: Claimant\_\_\_ Respondent\_\_\_ Representative\_\_\_

Optional: Your Name \_\_\_\_\_

RETURN TO: \_\_\_\_\_

\_\_\_\_\_