Parties' Feedback Form

To:	**Manager, KCDR**
Fax:	**021- 587 9183**
From:	_____
Address:	_____
Telephone:	_____ _____ _____
Email:	_____
Mediation:	**[enter KCDR case no.]** Date: _____
Mediator:	_____ co-mediator:_____
Venue:	_____.....

Your feedback is important to us in maintaining our standards and improving the quality of our services. We would appreciate your honest feedback.

Was this your first experience of mediation? Yes No

	Extremely	**Very**	**Yes**	**Fairly**	**No**
Were you satisfied with the *process* of mediation?	5	4	3	2	1
Was the mediation process as you expected?	5	4	3	2	1
Did you feel adequately prepared?	5	4	3	2	1
Were you satisfied with the *outcome* of the mediation?	5	4	3	2	1
Were you satisfied with the service provided by KCDR staff?	5	4	3	2	1
Were you happy with arrangements at the venue?	5	4	3	2	1
Were you happy with the professional conduct of mediator?	5	4	3	2	1
Was your mediator adequately prepared for the case?	5	4	3	2	1
Did your mediator adequately explain the process of mediation?	5	4	3	2	1
Did your mediator exhibited neutrality during the process?	5	4	3	2	1

Were there savings in:

Management time?	Significant	Some	None
Legal/other costs?	Significant	Some	None

Could you provide an estimate? ……

Would you use mediation again in a dispute?	Yes	Possibly	No
Would you use KCDR again?	Yes	Possibly	No

Would you like to receive further information on any of the following?
- Dispute resolution services
- Training
- Membership

If yes, please supply e-mail address ……

Any other comments:

May we use these comments for our marketing purposes? Yes / No / Yes, if on an anonymous basis