

**Lawyers' Feedback Form**

<b>To:</b>	<b>Manager, KCDR</b>	
<b>Fax:</b>	<b>021- 587 9183</b>	
From:	_____	
Address:	_____	
Telephone:	_____	_____
Email:	_____	
Mediation:	<b>[enter KCDR case no.]</b>	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			
	<b>Extremely</b>	<b>Very</b>	<b>Yes</b>	<b>Fairly</b>	<b>No</b>
Were you satisfied with the <i>process</i> 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 <i>outcome</i> 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