



1001 4/30/12

200 Seventh Avenue, Suite 230, Santa Cruz, CA 95062 Phone (831) 476-4502 Fax (831) 476-2732 - CCL 603517

### MEDIATION EVALUATION

In the matter of: \_\_\_\_\_ E

Date & Time: Wednesday 4/25/12 10:00 a.m.

We would appreciate your feedback. Our goal is to provide a professional, helpful, and efficient experience for our clients. Your evaluation of our services is very important to us and will be given careful consideration. Thank you.

On a scale of 1 to 10 (1 = unsatisfactory and 10 = excellent) please rate the following:

- 8 Prompt response to initial inquiry for our services
- 8 Efficient coordination amongst the parties
- 8 Scheduling / notice of hearing
- 8 Overall satisfaction with the process

Dispute Resolution Specialist:

- 8 professionalism
- 8 courtesy
- 8 effectiveness
- 8 overall

Mediator:

- 8 professionalism
- 8 knowledge
- 8 effectiveness
- 8 overall

Would you seek Alternative Dispute Resolution again?  Yes  No

Would you recommend this Mediator?  Yes  No

May we use your comments on our Website?  Yes  No

Additional comments: FIRST TIME - WAS NOT SURE WHAT  
WAS GOING TO HAPPEN - HAPPY WITH OUTCOME.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Printed name (optional): \_\_\_\_\_

\*\* Please mail or fax your Evaluation to our office address or fax number listed above.\*\*

**Thank you for your response and thank you for the trust placed in us.**