USER SURVEY

Shared Neutrals: A Federal Interagency Collaborative Effort in Support of ADR

INSTRUCTIONS FOR PARTIES: PLEASE COMPLETE AND RETURN TO SHARED NEUTRALS VIA EMAIL TO sharedneutrals@fmcs.gov. YOUR RESPONSES WILL BE USED FOR EVALUATION PURPOSES.

	Shared Reque	d Neut esting A				
AGENCY Coordinat	MEDIATION DATE:					
LEAD MEDIATOR:	CO-MEDIATOR:					
Position: Employee []		Management []			Representative []	
Mediation Outcome: Resolv		ed [] Not Resolved []		Other:		
Y OUR FEEDBACK IS IMPORTANT; IT TELLS US HOW WE ARE SERVING YOU.						
The mediators clearly explained the mediation process.						
Strongly Disagree		Disagree		Neutral	Agree	Strongly Agree
The mediators list	tened to you, a	and were	impart	ial.		
Strongly Disagree		Disagree		Neutral	Agree	Strongly Agree
The mediation improved your understanding of the issues.						
Strongly Disagree		Disagree		Neutral	Agree	Strongly Agree
You were satisfied with the outcome of the mediation.						
Strongly Disagree		Disagree		Neutral	Agree	Strongly Agree
You were able to	make decision	s for vou	ırself du	ring mediation		
Strongly Disagree		Disagree		Neutral	Agree	Strongly Agree
You would use mediation again in the future.						
Strongly Disagree		Disagree		Neutral	Agree	Strongly Agree
It was helpful to h	nave a mediato	or from a	nother	ederal agency		
Strongly Disagree		Disagree		Neutral	Agree	Strongly Agree
Any additional comments?						

Do you want your comments kept confidential? Yes [] No []

Thank you for your support!

