**MEDIATION FEEDBACK FORM**

At the Diaz Mediation & Arbitration Center we are committed to giving you the best possible mediation experience, so please help us improve the mediation process by completing this short survey. Please answer the questions or rank each item as: (1) = Areas to Improve; (3) = Acceptable, or (5) = Superior.

1. **Was your lawsuit/claim settled?**  □ YES  or  □ NO

2. **If “No”, would you like Judge Diaz to make a follow-up call or schedule another session?**  
   □ YES  or  □ NO  
   **When is a convenient time/date:**  ________________

3. **Scheduling: How easy was it to schedule the mediation?**  
   □ 1  □ 2  □ 3  □ 4  □ 5

4. **How was the parking? (e.g., accessible, easy to find, etc.)**  
   □ 1  □ 2  □ 3  □ 4  □ 5

5. **How courteous and/or helpful was our staff?**  
   □ 1  □ 2  □ 3  □ 4  □ 5

6. **How was the facility? (e.g., comfortable, accommodating, etc.)**  
   □ 1  □ 2  □ 3  □ 4  □ 5

7. **How was your overall mediation experience?**  
   □ 1  □ 2  □ 3  □ 4  □ 5

8. **How would you rate the effectiveness of the mediator?**  
   □ 1  □ 2  □ 3  □ 4  □ 5

9. **Suggestions: What could we do to make your mediation experience better?**  

10. **Would you recommend the Diaz Mediation & Arbitration Center to others?**  □ YES  □ NO

11. **May we publish your comments on our website?**  □ YES  □ NO

12. **May we identify you with your comments?**  □ YES  □ NO, please keep my comments confidential.

13. **If your response is “YES” to question #12 above, may we have the following information? :**

    **Name:** __________________________  **Address:** ________________________________  **Phone:** ___________

    **Signature:** ______________________  **Email:** ________________________________