



## IIAM FEEDBACK REQUEST FORM

(CONFIDENTIAL)

(As adopted based on IMI guidelines)

This Feedback Request will take just 10 minutes to complete

Every IIAM Mediator has attained professional competency in the practice of mediation. On completion of each mediation, the Mediator will invite the participants to complete this Feedback Request Form.

Your feedback will:

- Help future users to have more information about working with this Mediator
- Provide the Mediator with an opportunity to know your perception of the mediation process on this occasion, how effective (s)he was, and why, and
- Enable IIAM to prepare the Mediator's Feedback Digest which is a professional requirement of all IIAM Mediators.

You may complete this Feedback Request Form and deposit the same in the Box maintained in the Mediation Centre. The Feedback Digest may be relied upon by other parties in the future in deciding whether to appoint this Mediator, so please try to be fair and helpful as possible in providing your comments. Please try not to be influenced unduly by the outcome of your mediation but to focus on the Mediator him/herself and on any particular contributions that (s)he may have made that you found to be especially important. The Mediator's task is a challenging one. In your responses, please try to appreciate this and to be specific and constructive as possible.

### FEEDBACK

Name of Mediator: \_\_\_\_\_

Mediation Institution: \_\_\_\_\_

Start Date of Mediation: \_\_\_\_\_

End date of Mediation: \_\_\_\_\_

Place of Mediation: \_\_\_\_\_

Nature of mediated matter: \_\_\_\_\_

Please check the appropriate boxes, below and add any comments you wish to make.

#### Summary Questions:

1. On a scale of 1-5 (1 = low; 5 = high), how likely are you to use this Mediator again?

1    2    3    4    5    Not Applicable

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



2. Would you recommend this Mediator to others?

Yes     No     Not sure

Comment: (If Yes, why? If No, why not?) \_\_\_\_\_

---

---

---

---

3. On a scale of 1-5 (1 = low; 5 = high), how would you rate the mediator's skill and ability?

1     2     3     4     5     Not Applicable

Comment: \_\_\_\_\_

---

---

---

---

---

**Specific Questions:**

4. How did you identify or appoint this mediator?

IIAM Website

Suggested by a colleague, law firm or other professional

Appointed by an institution

Suggested by one of the other parties

Other: \_\_\_\_\_

5. If you perceive that the Mediator's skills made a decisive difference in the outcome, which particular skills were they?

Comment: \_\_\_\_\_

---

---

---

---



6. How satisfied are you with the costs of the mediator?  
(1=very dissatisfied; 2=dissatisfied; 3=neutral; 4=satisfied; 5=very satisfied)

1    2    3    4    5    Not Applicable

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How do you rate your overall satisfaction with the mediation process and the result obtained by the parties?  
(1=very dissatisfied; 2=dissatisfied; 3=neutral; 4=satisfied; 5=very satisfied)

1    2    3    4    5    Not Applicable

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If a dispute resolution organization was involved in the selection and appointment of the mediator, please indicate how you rate your overall satisfaction with that institution's support of the dispute resolution process?  
(1=very dissatisfied; 2=dissatisfied; 3=neutral; 4=satisfied; 5=very satisfied)

1    2    3    4    5    Not Applicable

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Did you resolve most your issues as a result of the mediation?

Yes    No

Independently of whether the mediation resulted in a resolution, what was worthwhile about participating in mediation?

Comment: \_\_\_\_\_  
\_\_\_\_\_



---

---

---

---

10. Was this your first experience with the mediation process?

Yes     No

11. Any other comments?

Comment: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Your responses on this form will be treated as confidential information by IIAM and by the Mediator but may be referred to in an anonymous form (ie. without any reference to the parties or any other information identifying you or your mediation) in the Mediator's Feedback Digest.

Thank you for completing this Feedback Request. It will help others in the future.

If you are willing to disclose your name and contact details, please do so below:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_