**Post-mediation Evaluation Form**

(For completion by each party, boxes to be ticked as appropriate, and returned to the Mediation Co-ordinator)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | |  | | | | |
| **Department** | | |  | | | | |
| **Date of the mediation** | | |  | | | | |
| **Were you happy with the way that the mediation was set up / administered?**  **Add any comments here:** | | | | | | Yes 🗖  No 🗖 | |
| **What outcome did you reach in the mediation?** | | | | | | A full agreement in writing 🗖  No agreement in writing 🗖  Other  🗖 (please give more information in the left-hand column) | |
| **Overall, how satisfied are you with the outcome of the mediation?**  **Add any comments here:** | | | | | | Very satisfied 🗖  Satisfied 🗖  Quite dissatisfied  🗖  Very dissatisfied  🗖 | |
| **Did the mediators act in the following ways?** | | | | | | | |
| Impartial  Yes 🗖  No 🗖 | Non-blaming Yes 🗖 No 🗖 | Helped you to identify and evaluate a variety of constructive options  Yes 🗖 No 🗖 | | Listened carefully  Yes 🗖 No 🗖 | Remained calm  Yes 🗖 No 🗖 | | Acted professionally  Yes 🗖 No 🗖 |
| **Any comments about the mediator(s):** | | | | | | | |
| **Please do add any further feedback on the mediation process that is not covered above here:** | | | | | | | |