**Post-mediation Evaluation Form**

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

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| --- | --- |
| **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 carefullyYes 🗖 No 🗖 | Remained calmYes 🗖 No 🗖 | Acted professionallyYes 🗖 No 🗖 |
| **Any comments about the mediator(s):** |
| **Please do add any further feedback on the mediation process that is not covered above here:** |