

# ALTERNATIVE DISPUTE RESOLUTION PROGRAM



Colorado Federal Executive Board  
PO Box 25567  
Denver CO 80225  
303 202 4588

## PARTICIPANT MEDIATION EVALUATION

As a participant in this mediation, your feedback is very important. Please answer the questions below by rating the question or by responding with the answer that most accurately represents your view. If you feel a question doesn't apply in your case, circle N/A. Questions are rated on a scale from 1 – 5 as follows:

Strongly Disagree 1      Disagree 2      Neither Disagree nor Agree 3      Agree 4      Strongly Agree 5

### Mediators

NAME – MEDIATOR 1

NAME – MEDIATOR 2

- 1) The mediator(s)/neutral(s) was/were fair and impartial.  
Mediator 1      1   2   3   4   5   N/A  
Mediator 2      1   2   3   4   5   N/A
- 2) The mediator(s)/neutral(s) did a good job helping us develop realistic options to resolve our conflict.  
Mediator 1      1   2   3   4   5   N/A  
Mediator 2      1   2   3   4   5   N/A
- 3) The mediator(s)/neutral(s) kept us on track.  
Mediator 1      1   2   3   4   5   N/A  
Mediator 2      1   2   3   4   5   N/A

### Mediation Process

- 1) The mediation (or other process) session was arranged in a reasonable length of time.      1   2   3   4   5   N/A
- 2) I had a clear understanding of what would happen before the session began.      1   2   3   4   5   N/A
- 3) I had an opportunity to present my viewpoint during the process.      1   2   3   4   5   N/A
- 4) I felt my concerns were heard and understood.      1   2   3   4   5   N/A
- 5) I feel that my working relationship with the other party (parties) will improve as a result of using the conflict resolution process.      1   2   3   4   5   N/A
- 6) I felt satisfied that the process was fair and impartial.      1   2   3   4   5   N/A
- 7) I have benefited from participating in this process by learning new problem solving skills that I will use in the future.      1   2   3   4   5   N/A
- 8) I was satisfied with the results of the process.      1   2   3   4   5   N/A

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9) If you did not have the option to work on your issues in this mediation process, what might you have done instead?

10) Would you recommend this service to your coworkers?  Yes  No  
Why or why not?

11) Do you have any suggestions that might make this service more useful or responsive?

12) Additional Comments or Suggestions

\_\_\_\_\_  
YOUR NAME (Optional)

- Aggrieved Person  Aggrieved Person's Representative  Team Member  
 Agency Manager/Supervisor  Agency Attorney  
 Other \_\_\_\_\_

*Thank you for participating in this Alternative Dispute Resolution process.*

Please return your completed evaluation by email, fax, or mail to:  
Gay Page | [gpage@colorado.feb.gov](mailto:gpage@colorado.feb.gov) | FAX 303 202 4583  
Colorado Federal Executive Board | PO Box 25567 | Denver CO 80225