



*Federal Executive Board of Minnesota - Shared Neutrals Program*

**MEDIATOR EVALUATION**

To be completed by mediator(s) at the end of mediation conference and returned to the FEB of Minnesota Shared Neutrals Council.

<b>MEDIATOR 1</b>		<b>MEDIATOR 2</b>	
<b>EMPLOYING AGENCY</b>	<b>LOCATION</b>	<b>EMPLOYING AGENCY</b>	<b>LOCATION</b>
<b>HOURLY PAY RATE</b>	<b>TRAVEL COSTS</b>	<b>HOURLY PAY RATE</b>	<b>TRAVEL COSTS</b>
<b>CASE NUMBER</b>	<b>AGENCY</b>	<b>LOCATION</b>	<b>MEDIATION DATES</b>
<b>OUTCOME OF MEDIATION</b>			

Please complete all questions. For additional comments, please continue on the back of this form.

1.	Please describe any impacts or benefits that you feel have resulted from the mediation process. Examples include repaired working relationships, enhanced communication or office productivity, cost savings and any other benefit you can identify.
2.	Explain why the case settled or didn't settle from your view as neutral.
3.	Provide positive or negative comments about process and anything unusual about this matter that the FEB Mediation Coordinator and/or Shared Neutral Council should be aware of:
4.	Do you believe mediation was appropriate for this particular matter?
5.	Was the fact that you came from a different Federal Agency to facilitate this process helpful or detrimental to the situation?
6.	Is there anything you can suggest that would improve the Shared Neutral Program?

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. YOUR RESPONSES WILL BE INCLUDED IN EVALUATING THE EFFECTIVENESS OF THE FEB SHARED NEUTRALS PROGRAM. PLEASE RETURN THIS COMPLETED SURVEY TO:**

Email: [mn\\_feb@ios.doi.gov](mailto:mn_feb@ios.doi.gov)

OR

Fax: 612-725-1750