



Federal Executive Board of Minnesota - Shared Neutrals Program

**PARTICIPANT SURVEY**

MEDIATOR NAME	MEDIATION DATE	MEDIATION LOCATION
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The purpose of this survey is to determine how the mediation process is working and what areas need improvement. Your comments are important and will be kept confidential. Please return this survey in the enclosed stamped, self-addressed envelope to the Federal Executive Board of Minnesota's Shared Neutrals Council. Thank you.

Please evaluate the mediation process using the following scale, describing your satisfaction level:

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied

		1	2	3	4	5
1	How well did the mediator(s) explain the process to all the parties?					
2	Were you able to fully present your case?					
3	How well did the mediator(s) listen?					
4	Did the mediator(s) help create realistic options for settling the dispute?					
5	Was the mediator(s) impartial?					
6	Did the mediator(s) understand the issues involved?					
7	How well did the mediator(s) clarify key issues and interests of each party?					
8	How satisfied were you with the mediator(s)?					
9	How satisfied were you with the outcome of the mediation?					
10	Did you reach settlement with your mediation? (check below) YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL RESOLVE <input type="checkbox"/>					
11	How beneficial was the use of a neutral party from another federal agency to the early resolution of this matter.					

12 Any other comments or elaboration on any of the questions above:

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. YOUR RESPONSES WILL BE INCLUDED IN EVALUATING THE EFFECTIVENESS OF THE FEB SHARED NEUTRAL PROGRAM. ADDITIONALLY, SURVEY RESPONSES MAY BE SHARED WITH THE MEDIATORS AND THE FEB SHARED NEUTRALS COUNCIL FOR PROGRAM EVALUATION. PLEASE RETURN THIS COMPLETED SURVEY TO:**

Email: mn\_feb@ios.doi.gov

**OR**

Fax: 612-725-1750