



Community Mediation Survey

In order to develop the best possible mediation program for the citizens of Albuquerque we need your feedback. Please circle the answer below which best expresses your opinion. Also, please write additional comments below.

Your response will be anonymous. Thank you.

Case Number: _____

Date of Mediation: _____

- | | | | |
|----|---|-----|----|
| 1. | Did you have a chance to speak and be heard in the mediation? | Yes | No |
| 2. | Do you understand each other better now? | Yes | No |
| 3. | Did the mediators remain impartial / "neutral"? | Yes | No |
| 4. | Did the mediation process seem fair? | Yes | No |
| 5. | Are you satisfied with the outcome? | Yes | No |
| 6. | Would you recommend mediation to others? | Yes | No |
| 7. | Is your agreement still working? | Yes | No |

Please give your additional comments below:

Return this completed questionnaire to:

City of Albuquerque

Legal Department

ADR Division

One Civic Plaza NW

P.O. Box 2248

Albuquerque, NM 87103