



MEDIATION SERVICES EVALUATION

We want to hear from you! Please provide your feedback by choosing the rating that best describes your experience with our office.

	Not Applicable	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
My request for mediation was promptly addressed.	<input type="radio"/>					
The mediation was scheduled in a timely manner.	<input type="radio"/>					
The mediators clearly explained the process.	<input type="radio"/>					
The mediators helped me clarify my own thinking.	<input type="radio"/>					
The mediators promoted a respectful environment.	<input type="radio"/>					
The mediators facilitated communication between me and the other person.	<input type="radio"/>					
The mediators guided the conversation while leaving all decision-making to me and the other person.	<input type="radio"/>					
We developed strategies for addressing our situation.	<input type="radio"/>					
The mediators appeared impartial throughout our conversations.	<input type="radio"/>					
I was satisfied with the agreements reached.	<input type="radio"/>					
Do you believe there will be a change in the workplace?	<input type="radio"/>					
I would use mediation again if a situation arose.	<input type="radio"/>					
I would refer others to the Ombuds Office for help in resolving disputes, conflicts, or complaints.	<input type="radio"/>					

What worked best for you in your experience with the Office of the Ombuds?

How might your experience with the Office of the Ombuds have been improved?

My experience with the Office of the Ombuds is:	What would you have done if the services of the Office of the Ombuds were not available? (check all that apply): <input type="checkbox"/> None of the options below apply	As a result of my consultation with the Ombuds (check all that apply):
<input type="checkbox"/> in process <input type="checkbox"/> completed est. number of interactions? _____	<input type="checkbox"/> Would not have talked to anybody about the issue <input type="checkbox"/> Would not have brought up the issue as quickly <input type="checkbox"/> Would have left the organization <input type="checkbox"/> Would have changed positions in the organization <input type="checkbox"/> Would have filed a formal action, i.e. grievance, lawsuit, outside agency complaint, etc.	<input type="checkbox"/> My issue is resolved <input type="checkbox"/> I am aware of options available to me <input type="checkbox"/> I feel I have more options <input type="checkbox"/> I have a more clear view of the situation

Please return your completed survey by mail to Office of the Ombuds, c/o Charleane Williams at 3333 California Street, Suite 309, San Francisco, CA, 94143-1264 – or by fax to 415.502.9675. Thank you for your time!