FHC for Mediation

Feedback Form for FHC Mediation (2 pages)

Mediated Party

Date and location of mediation:

Name of Mediator:

Your reference:

Our reference:

Please complete this feedback sheet. Your time is very much appreciated. Your feedback and professional opinions are extremely important to us, enabling us to develop and enhance our service to best meet your needs. Positive or negative feedback is also beneficial for both Forensic Healthcare Services Ltd and the expert.

Please rate on a scale of 10 - 1 (where 10 is very good and 1 is poor):

0	Your experience when first contacting FHC office in this case:	
0	The speed of response for the quote:	
0	The information in the quote:	
0	The appropriateness of the mediator identified for your case:	

Are there any other comments you wish to make on the above?:

0	Did the mediation result in a settlement?	Yes	No	
0	Would you use this mediator gain?	Yes	No	
0	Would you use Forensic Healthcare Services Ltd again?	Yes	No	
0	Would you recommend Forensic Healthcare Services Ltd	to colleagues?	Yes	No

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On a scale of 1-10 (1 – bad 10 – excellent) how would you rate:

- FHC Mediation
- $\circ \quad \text{The mediator} \quad$
- \circ The venue
- \circ The hosting
- The rooms?
- The refreshments
- \circ The location

Additional comments:

