

CARE
Conflicts Addressed and Resolved Expeditiously
The Centers for Medicare & Medicaid Services'
Mediation Program
Customer Feedback Form

CARE needs your feedback to know how the program is working and how it may be improved. Your responses will be used for evaluation purposes only. The form is designed for easy completion. Please complete this survey at the end of the mediation process and **fax or mail it within one day** to:

- ADR Coordinator, Centers for Medicare & Medicaid Services
- 7500 Security Boulevard, North Building, Room N2-22-16
- Baltimore, Maryland 21244-1850
- Private fax: **410-786-9549** (no cover sheet needed)
- Web Site: <http://cmsnet.cms.hhs.gov/hpages/oeocr/adr.htm>

Thank you very much for your time and assistance in providing feedback on CMS's Mediation Program.

Date(s) of Mediation:	How many hours did the mediation last?
Customer Category: employee _____ manager _____ representative _____	
Mediation Outcome: Full settlement _____ Partial settlement _____ No settlement _____	

Item		Excellent	Good	Average	Fair	Poor
	Please mark one option for each question.					
1	How well did the mediator(s) explain the process to all the parties?					
2	How well were you able to present your case?					
3	How well did the mediator(s) listen?					

Item	Please mark one option for each question.	Excellent	Good	Average	Fair	Poor
4	How well did the mediator(s) understand the issues involved?					
5	How well did the mediator(s) clarify key issues and interests of each party?					
6	How well did the mediator(s) help create realistic options for settling the dispute?					
7	How do you rate the impartiality of the mediator(s)?					
8	How well did the mediator(s) create a positive atmosphere?					
9	How would you rate the mediator(s) overall?					
10	How do you rate the outcome of the mediation?					
11	How beneficial was the use of a neutral party from another federal agency?					
12	If this was a co-mediation, how beneficial was having two mediators?					
13	How appropriate was mediation for this matter?					
14	How do you rate the timeliness of the mediation (length of time since your request for mediation)?					
15	How do you rate the convenience of the mediation location?					
16	How do you rate the mediation in satisfying your needs?					
17	Were the right parties at the mediation? Yes _____ No _____ If no, who should have been there instead?					

Item		Excellent	Good	Average	Fair	Poor
Please mark one option for each question.						
18	Did you have a representative to assist you in the mediation? Yes _____ No _____					
19	How did the mediation change your opinion of the other party? For the better _____ For the worse _____ No change _____					
20	Would you recommend mediation to a co-worker? Yes _____ No _____ If no, why not?					
21	Would you use mediation again? Yes _____ No _____ If no, why not?					
22	Please list any other benefits from the mediation, e.g., relationships repaired, money saved, productivity improved, communication enhanced.					
Comments and Suggestions for Improvement:						

Thank you very much! The fax or address to use for this form are on Page 1.