
Singapore International Mediation Institute (SIMI) Feedback Request Form

This Feedback Request Form will take approximately 5 to 10 minutes to complete.

When selecting from a range of options, please mark your selections with an "X".

Please read the following introduction to the SIMI Feedback Request Form as it contains important information to guide you in completing the form.

Thank you for your time.

Your feedback is a meaningful contribution to SIMI's mission in promoting high standards of professional competency in mediation practice. It will also:

- Help future users to have more information about working with this SIMI Mediator.
- Provide the SIMI Mediator with an opportunity to know your perception of the mediation process on this occasion, how effective (s)he was, and why.
- Enable the SIMI Mediator's Reviewer to prepare the SIMI Mediator's Feedback Digest, an objective and independent summary called the Feedback Digest for the SIMI Mediator.
- Assist SIMI and/or the SIMI Mediator's Reviewer to verify the mediation session for the SIMI Mediator's progression under the SIMI Credentialing Scheme.

You will appreciate that the SIMI Mediator's task is a challenging one.

Fair, specific and **constructive** responses will be very helpful for SIMI, the SIMI Mediator and future users.

Your feedback should focus on your experience in the mediation and with the SIMI Mediator; not just the outcome of the mediation.

Do provide us with a way to contact you in the last section of the feedback.

Your contact information will only be used by SIMI and/or the SIMI Mediator's Reviewer for the clarification and/or verification purposes.

Your information, and any information about the mediation, will remain confidential and will not be provided to third parties.

A. MEDIATION INFORMATION

Name Of SIMI Mediator : _____ Start Date & Time : _____

Venue Of Mediation : _____ End Date & Time : _____

Nature Of Mediated Matter : _____

B. FEEDBACK ON MEDIATION PROCESS

Please put an "X" under the column that best represents your answer.

Question	Very High	High	Neutral	Low	Very Low
1. How satisfied were you with the mediation process?					
2. How likely are you to use mediation again?					
3. How likely would you recommend mediation to others as a dispute resolution mode?					

C. FEEDBACK ON SIMI MEDIATOR

Please put an "X" under the column that best represents your answer.

Question	Very High	High	Neutral	Low	Very Low
4. How satisfied were you with the performance of this SIMI Mediator?					
5. How likely are you to use this SIMI Mediator again?					
6. How likely would you recommend this SIMI Mediator to others?					

7. How satisfied were you with the cost of your SIMI Mediator?					
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Please be as detailed as possible in your response to the following question. You may select more than one response.

Question	Response	
8. What did you find that your SIMI Mediator did well in helping the process?	Good control of the proceedings.	
	Built good rapport with the parties.	
	Helped explore and develop options.	
	Sensitive to cultural differences.	
	Others (please describe)	

D. GENERAL

Please put an "X" to indicate your answer. Please be as detailed as possible in your response to the following questions.

Question	Response				
9. Was your issue resolved at the mediation?	Yes		No		
10. Did you use a mediation service provider?	Yes		No		
<i>If you answered "YES" to Q10, please answer 10a and 10b.</i>	Very High	High	Neutral	Low	Very Low
10a. How satisfied were you with the support provided by the mediation service provider?					
10b. How satisfied were you with the cost of the mediation service provider?					
11. Including this mediation, how many times before have you used mediation as a form of dispute resolution?	First time				
	2 to 5 times				
	More than 5 times				
12. How many times have you used this SIMI Mediator?	First time				
	2 to 5 times				
	More than 5 times				
13. How did you select this SIMI Mediator?	SIMI Website				
	Other Website				
	Recommended by <i>(Please indicate)</i> Lawyer, Colleague, Others				
	Appointed by mediation service provider				
	Chosen by other party				
	Others <i>(Please state below)</i>				

<p>14. How often do you or your organisation engage dispute resolution services?</p>	
<p>15. Please share any other comments, thoughts and/or suggestions that you may have regarding the mediation process or SIMI Mediator.</p>	

E. CONTACT INFORMATION

Name : _____ Organisation : _____
 Email Address : _____ Position : _____
 : _____
 Contact No. : _____

May SIMI disclose your name and contact details for the purposes of being a reference on this SIMI Mediator's Profile on the SIMI Website?

YES / NO

Please circle accordingly

PERSONAL DATA NOTICE

SIMI takes the protection of your personal data very seriously. By submitting this form, you consent to our collection and use of your personal data provided on this form for the purposes of contacting you to verify information about the mediation related to this form, as well as for us to, if necessary, disclose your personal data to our third party vendors in order for them to provide back-up, storage, security and/or other services related to SIMI's regular operations. Should we require the use and/or disclosure of your personal data for any other purpose, we will seek your consent before such use or disclosure. You can find out more about SIMI's personal data policies on our website (www.simi.org.sg). You may also write to our Data Protection Officer at admin@simi.org.sg if you have any queries regarding your personal data held by SIMI.

Thank you for contributing to the development of professional mediation in Singapore!

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