Each mediator is requested to complete this confidential Feedback/Debrief form within 2 working days after the mediation session. Please mail the questionnaire (in a sealed envelope) to the address below OR FAX to (405)231-4165. Your feedback is a critical part of our Quality Assurance Program.

DATE of Mediation __________________________  LOCATION __________________________

REQUESTING AGENCY: __________________________  EEOC assigned? Yes _____ No _____

MEDIATOR A: __________________________  MEDIATOR B: __________________________

INITIATING PARTY: __________________________  RESPONDENT: __________________________

OTHER PARTY: __________________________  OTHER PARTY: __________________________

Please circle the number best describing the final disposition of the mediation:

1  No Resolution—Conflict still exists

2  No Resolution: Communication improved

3  Partial Resolution—Settlement agreement for some of issues

4  Complete Resolution: Settlement for all identified issues

Please rate the following items on a scale of 1 to 5 by circling the number that represents your choice:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = strongly disagree</td>
<td>2 = somewhat disagree</td>
<td>3 = neither agree or disagree</td>
<td>4 = somewhat agree</td>
<td>5 = strongly agree</td>
<td>N/A= don’t know or are unable to determine</td>
</tr>
</tbody>
</table>

COMMENTS

You EXPLAINED the PROCESS effectively. 1 2 3 4 5 N/A

The RIGHT PARTIES were at the table. 1 2 3 4 5 N/A

Both sides negotiated in GOOD FAITH. 1 2 3 4 5 N/A

You were able to help CLARIFY ISSUES. 1 2 3 4 5 N/A

You LISTENED well and gave right amount of INPUT. 1 2 3 4 5 N/A

You helped GENERATE realistic OPTIONS 1 2 3 4 5 N/A

You were able to be FAIR and IMPARTIAL. 1 2 3 4 5 N/A

You have been effective. 1 2 3 4 5 N/A

CO-MEDIATION was effective 1 2 3 4 5 N/A

Mediation has been USED APPROPRIATELY. 1 2 3 4 5 N/A

Please provide any additional comments for our Quality Assurance program to include ANYTHING ELSE you think should be done to improve the Shared Neutrals Program:

__________________________________________________________________________

__________________________________________________________________________

If you would like a (confidential) call with the Executive Director please call (405) 231-4167.

Thank you for taking the time to fill out this survey!

Please mail to  Oklahoma Federal Executive Board
215 Dean A. McGee, Suite 320
Oklahoma City, OK 73102

or FAX to  (405) 231-4165

Oklahoma FEB Shared Neutrals
Form SN-5 (Mediator Feedback)
September 2003