

Family Law Mediation Participant Feedback

Date: _____

Participant Name: _____

Mediation Session Date: _____

Feedback Instructions:

Please provide your honest feedback regarding the mediation session you attended. Your input is valuable in improving our services.

1. Overall Experience:

How would you rate your overall experience in the mediation session?

Excellent
Good
Average
Poor

2. Clarity of Process:

Did you find the mediation process clear and easy to understand?

Yes No

3. Mediator's Performance:

Please rate the mediator's performance.

Excellent
Good
Average
Poor

4. Suggestions for Improvement:

Please share any suggestions you have for improving the mediation process:

5. Additional Comments:

If you have any additional comments, please write them below:

[Submit Feedback](#)