

# SIMI FEEDBACK REQUEST FORM

## PRESCRIBED INFORMATION

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**Important  
Information  
you must  
read**

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

### Purpose of the SIMI Feedback Request Form

- Help future users of mediation 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. (E.g. How effective (s)he was, and why)
- Enable the SIMI Mediator's Review 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.

### How to complete this form

- Your feedback should focus on your experience in the mediation session and with the SIMI Mediator; not just the outcome of the mediation.
- Fair, specific and constructive responses will be very helpful for SIMI, the SIMI Mediator and future users.
- Please provide us with a way to contact you in the last section of this feedback form.

Information provided in this form is **confidential**.

- We treat confidentiality very seriously. Any and all information provided in this form by you, whether personal or about the mediation, will remain confidential and will not be provided to third parties.
  - Your contact information will only be used by SIMI and/or the SIMI Mediator's Reviewer for clarification and/or verification purposes only.
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# SIMI FEEDBACK REQUEST FORM

## SECTION A INFORMATION ON THE MEDIATION SESSION

Name of SIMI Mediator

Start Date of Mediation

Start Time of Mediation

End Date of Mediation

End Time of Mediation

Location of the Mediation

Nature of the Mediated Matter

Was your issue resolved at the mediation?

YES

NO

*(please tick accordingly)*

Did you use a Mediation Service Provider?

YES

NO

*(please tick accordingly)*

If "YES", please answer the following questions:

	<b>Very High</b>	<b>High</b>	<b>Neutral</b>	<b>Low</b>	<b>Very Low</b>
How satisfied were you with the support provided by the mediation service provider?					
How satisfied were you with the cost of the mediation service provider					

Name of Mediation Service Provider

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## SECTION B MEDIATION PROCESS

*(please tick under the column that best represents your answer)*

	Very High	High	Neutral	Low	Very Low
How satisfied were you with the mediation process?					
How likely are you to use mediation again?					
How likely would you recommend mediation to others as a dispute resolution mode?					
Further comments about the mediation process:					

## SECTION C SIMI MEDIATOR

*(please tick under the column that best represents your answer)*

	Very High	High	Neutral	Low	Very Low
How satisfied were you with the performance of this SIMI Mediator?					
How likely are you to use this SIMI Mediator again?					
How likely would you recommend this SIMI Mediator to others?					
How satisfied were you with the cost of your SIMI Mediator?					
What did you think your SIMI mediator did well in helping the mediation process? <i>(please tick all that applies)</i> <ul style="list-style-type: none"> <li>Good control of the proceedings</li> <li>Built good rapport with the parties</li> <li>Helped explore and develop options</li> <li>Sensitive to culture differences</li> </ul>					
Further comments about the SIMI Mediator:					

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### SECTION D

### OTHER INFORMATION

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How many times have you used mediation as a form of dispute resolution? Please include this mediation.  
(*please select one*)

- First time
- Between 2 -5 times
- More than 5 times

How many times have you used this SIMI Mediator? (*please select one*)

- First time
- Between 2 -5 times
- More than 5 times

How did you select this SIMI Mediator? (*please select all that apply*)

- Chosen by Other Party
- SIMI website
- Recommended by Lawyer
- Recommended by Colleague
- Recommended by Others
- Others, please specify: .....

How often do you and/or your organisation engage in dispute resolution services in the last 2 years?  
(*please select one*)

- First time
- Between 2 -5 times
- More than 5 times
- Unknown

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## SECTION E CONTACT INFORMATION

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### Part E1

#### Personal Data Notice

SIMI takes the protection of your personal data very seriously.

The information you provide in this form is to enable SIMI to:

1. Carry out administrative and planning activities;
2. Contact you to verify information about the mediation related to this form;
3. If necessary, disclose information in this form to third party vendors for the purposes of them providing back-up, storage, security and/or other services related to SIMI's regular operations.

Should SIMI require the use and/or disclosure of your personal data for purposes not set out above, we will seek your consent before such use or disclosure.

To find out more about SIMI's personal data policies on our website ([www.simi.org.sg](http://www.simi.org.sg)). Alternatively, you may write to our Data Protection Officer at [support@simi.org.sg](mailto:support@simi.org.sg) if you have any queries regarding your personal data held by SIMI.

By submitting this form, you consent to SIMI collecting, using, disclosing and/or processing your personal data for the purposes described above.

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### Part E2

#### Party's information

Name

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Organisation

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Position

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Email address

-----  
Contact number

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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 ([www.simi.org.sg](http://www.simi.org.sg))?

YES

NO

(please tick accordingly)

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

**– END OF FORM –**