



Virginia Department of
Employment Dispute Resolution

TWO PARTY MEDIATION PROGRAM THREE MONTH EVALUATION

TO BE COMPLETED BY EDR

Date: _____ EDR Interviewer: _____

Agency: _____

Department: _____ Facility: _____

Date of Mediation: _____ Number of Sessions: _____

Name of Mediator A: _____ Name of Mediator B: _____

First Participant Name: _____ Second Participant Name: _____

Agency Workplace Mediation Coordinator: _____

Agreement Type: Written Agreement Informal/Verbal Agreement No Agreement

Agreement in File: Yes No

Responses Received: Agency Workplace Mediation Coordinator
 First Participant
 Second Participant



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TO BE COMPLETED BY THE AGENCY WORKPLACE MEDIATION COORDINATOR

Name of Agency Workplace Mediation Coordinator: _____

Email Address: _____

Work Phone: _____ Fax: _____

MEDIATION SESSION FOLLOW-UP

Did the mediation:

- Precede a grievance
- Follow a grievance
- Take place during a grievance (if so, at what stage? _____)
- Resulted in a dismissed grievance (if so, at what stage was the grievance concluded? _____)
- Neither party filed a grievance as part of this conflict

Was the mediation process useful in resolving the workplace conflict? Please explain. (For example, did the conflict continue, did the relationship improve, did one or both parties leave the department through resignation or dismissal, were there future disciplinary actions taken, was it necessary to reorganize the office or make procedural changes as a result of the conflict or the mediation)

How could EDR's workplace mediation program better serve your agency and its workforce?

RETURN INFORMATION

Please mail or fax this three month evaluation to: Department of Employment Dispute Resolution, Attn: Mediation Staff
Main Street Centre, 600 East Main Street, Suite 301
Richmond, Virginia 23219
Phone: (804) 786-7994
Fax: (804) 786-0111

Thank you for providing this feedback. Your comments will be used only to evaluate and improve EDR's workplace mediation program. Your comments are confidential and will not be used in any other way. If you would like to provide additional comments, please call the Department of Employment Dispute Resolution at (804) 786-7994 or 1-888-23ADVISE (Toll Free 1-888-232-3842) and speak with EDR's Mediation Staff.



Virginia Department of
Employment Dispute Resolution

TWO PARTY MEDIATION PROGRAM THREE MONTH EVALUATION

TO BE COMPLETED BY MEDIATION PARTICIPANT

Name of Mediation Participant: _____

Email Address: _____

Work Phone: _____ Fax: _____

MEDIATION SESSION FOLLOW-UP

Was there any follow-up to your mediation in terms of support, training, facilitation, or counseling that you felt was needed at the conclusion of mediation?

Was the mediation process useful in resolving the workplace conflict? Please explain. (For example, did the conflict continue, did the relationship improve, did one or both parties leave the department through resignation or dismissal, were there future disciplinary actions taken, was it necessary to reorganize the office or make procedural changes as a result of the conflict or the mediation)

Was an agreement reached? Yes No

What type of agreement was reached? Written Agreement Verbal Agreement

Was the agreement effective? Yes No

Please explain: _____

Do you feel that your productivity or effectiveness in your job was affected by the existing conflict? Yes No

Please explain: _____

Did resolving the conflict result in increased productivity or greater effectiveness in your job? Yes No

Please explain: _____

Would you choose mediation in the future if you had a conflict with someone in your workplace? Yes No

How could EDR's workplace mediation program be improved? _____

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