



Evaluation

Contractors State License Board Voluntary / Mandatory Arbitration Program

IN THE MATTER OF:

_____ vs. _____
Claimant Respondent

CSLB Case Number: _____

At AMCC we strive to provide professional, efficient and straightforward service to our clients. Your feedback will assist us in meeting our goals. Please be candid, we truly value your opinion. Thank you.

ON A SCALE OF 1 TO 5, PLEASE RATE THE FOLLOWING:
(1 is unsatisfactory, 5 is excellent)

Prompt response to initial inquiry for dispute resolution services: _____

Efficient coordination amongst the parties: _____

Scheduling / notice of hearing: _____

Case facilitator: overall _____

 professionalism _____

 courtesy _____

 efficiency _____

Arbitrator: overall _____

 professionalism _____

 knowledge _____

 effectiveness _____

Satisfaction with Process _____

Would you seek Alternative Dispute Resolution again? Yes No

Additional Comments: _____

Signed: _____

Printed Name: _____

Please return this form to AMCC via fax or mail within seven (7) days of hearing



ARBITRATION MANAGEMENT COLLABORATION CENTER

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