



## Evaluation

Contractors State License Board Voluntary / Mandatory Arbitration Program

IN THE MATTER OF:

\_\_\_\_\_  
Claimant vs. \_\_\_\_\_ Respondent  
CSLB Case Number: \_\_\_\_\_

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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: \_\_\_\_\_

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Signed:

Printed Name: \_\_\_\_\_

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