



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



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