## ASSOCIATION OF SOUTH WEST MEDIATORS COMPLAINT FORM

The Association of South West Mediators relies on feedback from users to improve the services provided by individual mediators. This form is to be used where a user feels that the services he/she or they have received have fallen short of what they expected. Whilst any complaint will be treated with complete confidentiality we reserve the right in particular circumstances to refer the complaint on to the organisation that trained the mediator or the organisation that appointed them. Complaints will be handled by another of our mediators who handles similar types of mediation and, as necessary, referred to an external supervising mediator. Please can you use the boxes below and if you need additional sheets then mark and attach them accordingly. Send them back to:

Association of South West Mediators, c/o Milsted Langdon, Winchester House, Dean Gate Avenue, Taunton, TA1 2UH

When was the date of your mediation?	
What is the name of the mediator?	
What type of mediation was it? (delete as appropriate)	Civil/Commercial/Community/Court of Protection/Family/Public Sector/Workplace/other
Did you appoint them directly or via the ASWM?	
Very briefly describe the dispute, e.g. use words like professional negligence, personal injury, construction, family, workplace etc	
Was there a problem with the administrative arrangements? Please briefly describe this.	
Was there a problem with the mediator? If so please set out here briefly the nature of the complaint about the mediator.	
(Continue this section on a separate sheet of paper if there is insufficient space.)	
Your name and address	
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		the mediation e.g. party, sup rrister, expert	oporter,	
		telephone number, whichevuld like us to contact you.	ver is the	
Si	gned		Date:	