

Dispute Resolution Branch Participant Survey



Your answers to the following questions are voluntary and anonymous. Any information provided will be used for the purpose of research, reporting, and deciding how we can best deliver our services.

Question 1: What service did you use?	<i>Please tick the square beside your response</i>
- Mediation	<input type="checkbox"/>
- Child Protection Conference (as a parent/family)	<input type="checkbox"/>
- Child Protection Conference (as a professional)	<input type="checkbox"/>
- Restorative Justice Conference (as the person harmed)	<input type="checkbox"/>
- Restorative Justice Conference (as the person responsible)	<input type="checkbox"/>
- Restorative Justice Conference (as a support person)	<input type="checkbox"/>
- Training participant	<input type="checkbox"/>

Question 2: Did you get the information you needed before the mediation, conference, or training?	<i>Please tick the square beside your response</i>
- Yes	<input type="checkbox"/>
- Mostly, but it could have been better	<input type="checkbox"/>
- No	<input type="checkbox"/>
- I did not attend a mediation, conference, or training	<input type="checkbox"/>

Question 3: How long did you have to wait for the mediation, conference, or training?	<i>Please tick the square beside your response</i>
- Within 1 month	<input type="checkbox"/>
- Within 2 months	<input type="checkbox"/>
- Within 3 months	<input type="checkbox"/>
- Over 3 months	<input type="checkbox"/>
- Over 4 months	<input type="checkbox"/>
- I did not attend a mediation, conference, or training	<input type="checkbox"/>
- Other (please specify):	<input type="checkbox"/>

Question 4: Overall, how did you feel you were treated by our staff?	<i>Please tick the square beside your response</i>
- Very respectfully and fairly	<input type="checkbox"/>
- I was treated OK, most of the time	<input type="checkbox"/>
- Not very respectfully or fairly	<input type="checkbox"/>

Question 5: Were any adjustments made to meet your specific needs?	<i>Please tick the square beside your response</i>
- Yes, adjustments were made	<input type="checkbox"/>
- I didn't ask for any adjustments	<input type="checkbox"/>
- No, my needs were not considered	<input type="checkbox"/>

Question 6: Overall, how would you rate the service you received?							<i>Please circle your response 1 being poor, 10 being excellent</i>			
1	2	3	4	5	6	7	8	9	10	

Question 7: Do you identify as one of the following?	<i>Please tick the square beside your response</i>		
- First Nations person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>I prefer not to say</i> <input type="checkbox"/>
- Person or family born overseas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>I prefer not to say</i> <input type="checkbox"/>
- Person living with a disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>I prefer not to say</i> <input type="checkbox"/>
- Person living with mental health co	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>I prefer not to say</i> <input type="checkbox"/>
- Person in the LGBTIQ+ community	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>I prefer not to say</i> <input type="checkbox"/>
- Person older than 65 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>I prefer not to say</i> <input type="checkbox"/>

If you would like to provide any written feedback, please do so here:

If you are available for any follow-up questions, please add your contact email here:

Thank you for taking the time to provide feedback.