

**EVALUATION OF GRIEVANCE RESOLVED BEFORE
ACTUAL ARBITRATION HEARING OR ON THE DATE OF HEARING**

1. Name of Union: _____

2. Arbitrator/if applicable _____

3. AAA Case No. _____

4. FMCS Case Number _____

5. Issue: _____

6. Date Hearing Scheduled (if applicable) _____

7. The Facts and Contract Related to the case were:

Weak _____ Strong _____

8. The Arbitrator (if used for mediation and if applicable) was:

Poor _____ Average _____ Good _____ Excellent _____

9. Comments:

10. I would/would not recommend this arbitrator as a mediator for the following reasons (if applicable):
