ARC
ALTERNATIVE RESOLUTION CENTERS®
A LIMITED LIABILITY COMPANY

ARC Feedback

Your comments would be appreciated, as ARC is always looking to better serve our clients!

Case Name: _____

Date of hearing: _____ **Type of Hearing:** _____

1. How did you first hear about ARC? Please check appropriate box.
   Advertisement: ___ Daily Journal ___ BHB Brief ___ SFVB Magazine
   ___ Direct Mail ___ Referral from colleague/or opposing counsel
   ___ Email from ARC or ARC website ___ Other _____
2. Was the administration process timely and efficient? yes or no
3. Was the hearing process effective and efficient? yes or no
4. Was our staff professional, friendly and helpful? yes or no
5. If your case was a mediation, did it settle? yes or no
6. Would you use the neutral again? yes or no
7. Did our facilities accommodate your needs during the hearing? yes or no
8. Would you use ARC again? yes or no
9. Would you consider referring us to a colleague? yes or no

_____

_____

10. Comments:

_____

_____

Name _____ **Date** _____

Firm _____

Phone Number _____ **Ext. No.** _____

Email Address _____

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