
QUALITY REVIEW FEEDBACK REPORT-SSI

DATE

SOCIAL SECURITY NUMBER:

TRANSACTION MONTH

SAMPLED INDIVIDUAL

**DATE OF TRANSACTION
REVIEWED**

TYPE OF REVIEW

SOCIAL SECURITY OFFICE:

SEND INQUIRIES TO:

Discussion of Findings:

Attachments:

References:

RESPONSE REQUIRED: Yes No

RETURN RESPONSE TO:

Reviewer:

SSA-93-SSI