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**QUALITY REVIEW FEEDBACK REPORT-RSDI**

**DATE:**

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**SOCIAL SECURITY NUMBER**

**SAMPLED INDIVIDUAL**

**TRANSACTION DATE:**

**NAME OF NUMBER HOLDER**

**DATE OF PAYMENT REVIEWED**

**TYPE OF REVIEW / DATE:**

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**SOCIAL SECURITY OFFICE:**

**INITIATING OFFICE:**

**COUNTED IN PERF. REPORTS:**

**☐ YES**

**☐ NO**

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**Discussion of Finding:**

**Source of Claim Adjudication:**

**References:**

**Attachments:**

**RESPONSE REQUIRED BY:**

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**RETURN RESPONSE TO:**

**Regional Office of Quality Assurance**

**Reviewer:**

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**SSA-93-RSI**