

SSA Issues Form

1. Please enter the name and address of the office where this issue occurred:

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|-----------------------------|
| Name _____ |
| Office Street Address _____ |
| City _____ State _____ |

2. What type of office is this? Check One:

| | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Field Office | <input type="checkbox"/> DDS | <input type="checkbox"/> OHO |
| <input type="checkbox"/> Appeals Council | <input type="checkbox"/> Payment Center | <input type="checkbox"/> Other |

3. Which category does your SSA issue fall under? Check One:

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|---|
| <input type="checkbox"/> Purposeful errors in processing representative involvement. |
| <input type="checkbox"/> Failure to maintain neutrality about representation in general or a specific representative in particular. |
| <input type="checkbox"/> Unauthorized direct contact with represented claimant. |
| <input type="checkbox"/> Refusal to or errors in providing information necessary to pursue program related actions. |
| <input type="checkbox"/> Harmful or intentional misinformation. |
| <input type="checkbox"/> Hearing scheduling issues. |
| <input type="checkbox"/> Representative fee issues. |
| <input type="checkbox"/> Application of the "5 Day Rule" issues. |
| <input type="checkbox"/> Problems caused by elimination of the Treating Physician rule. |
| <input type="checkbox"/> Unacceptable Hearing sites. |
| <input type="checkbox"/> Problems with lists of organizations for unrepresented claimants. |
| <input type="checkbox"/> Claimant stories about impact of long wait times for favorable decisions. |
| <input type="checkbox"/> Problems related to the new rules for representatives that went into effect 8/1/18. |
| <input type="checkbox"/> Other |

4. Please give a brief overview (just a few sentences) of the issue:

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Please include an internal case number or clmt ID (no PII) - this will be used by you so that you may retrieve this case to provide more details (including names of SSA employees if applicable) in the future when requested: _____

Please complete a form for each instance and don't forget to login to the NADR site to enter the data on electronic form. We use this data to chart reported problems and frequency across the country and present the overall report to SSA on a regular basis. Thank you for sharing your concerns!