



Partner Advisory Board Reporting Form

Email to sei-pab@sei.cmu.edu.

Type your information into the boxes below; you can use the tab key to move between fields.

Name	Agreement Partner Organization
Role(s)	Contact Information

Request or Concern

Assign a priority: 5 = Partner-wide impact; 4; 3; 2; 1 = Individual impact

Have you taken this to anyone at the SEI prior to bringing it to the attention of the PAB? **If so, who?**

Yes No

What would you like the PAB to do regarding this request?

Please select the action(s) you would like the PAB to take:

Add to PAB meeting agenda

Escalate to appropriate SEI representative

Respond to me with outcome of discussion

PAB Course of Action (SEI use)

SEI Representative Assigned (SEI use)

All information regarding this request will be kept confidential.