

Federal

## (REFERENCE COPY - Not for submission) Communications Commission Broadcast Equal Employment Opportunity **Program Report** FRN: 0023890601 Facility ID: 74173 File Number: 0000127229 Submit Date: 11/25/2020 Call Sign: WVTM-TV State: AL City: BIRMINGHAM Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 11/25/2020 Filing Status: Active

General	Section	Question					Response		
Information	Attachments		Are attachments (other than associated schedules) being filed with this application?				Yes		
Licensee	Licensee Name, Ty	pe and	Contact Info	ormation					
Information	Applicant			Address	Phon	e	Email		Applicant Type
	<b>WVTM Hearst Television Inc.</b> Doing Business As: WVTM Hears Television Inc.			PO Box 1800 Raleigh, NC 27602 United States	+1 (919) 838- shartzell 0300 com		Drookspierce.	COR	
Contact	Contact Name Address		S	Phone Email			Contact Type		
Representatives	Stephen Hartzell 150 Fayetteville Stree Brooks, Pierce et al. Suite 1700 Raleigh, NC 27601 United States			t +1 (919) 839-(	0300	shartzell@	9brookspierce	e.com Legal	Representative
Common	Facility Identifier	ifier Call Sign		City		State	Time Brokerage Agreement		nt
Stations	74173	W	VTM-TV	BIRMINGHAM		AL	No		
Drogrom Doport	Section		Question					Response	
Program Report Questions	Discrimination Complaints Have any p this license jurisdiction alleging unit		Have any per this license te jurisdiction ur	ending or resolved complaints been filed during term before any body having competent under federal, state, territorial or local law, awful discrimination in the employment practices n(s)?				Yes	
	Full-time Employees		Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?				No		

## **Responsibility for Implementation**

**Program Report** Questions

Additional

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title		
Susana Schuler	President & General Manager		

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	11/25 /2020
Certified Title	President
Authorized Party Name	Jordan M. Wertlieb

## Attachments

Certification

File Name	Uploaded By	Attachment Type	Description	Upload Status
2019 Public File Report.pdf	Applicant	EEO Public File Report	2019 Public File Report	Done with Virus Scan and/or Conversion
2020 Public File Report.pdf	Applicant	EEO Public File Report	2020 Public File Report	Done with Virus Scan and/or Conversion
WVTM-TV 2020 Form 396 Narrative Exhibit.pdf	Applicant	Narrative Statement	Broad and Inclusive Outreach Statement	Done with Virus Scan and/or Conversion
WVTM-TV Discrimination Claim Exhibit for 2020 Form 396.pdf	Applicant	Discrimination Complaints	WVTM-TV Discrimination Complaint During License Term	Done with Virus Scan and/or Conversion