

Program Report

Questions

(REFERENCE COPY - Not for submission) Broadcast Equal Employment Opportunity Program Report

 FRN:
 0002538445
 File Number:
 0000161551
 Submit Date:
 09/30/2021
 Call Sign:
 KCCI
 Facility ID:
 33710
 City:

 DES MOINES
 State:
 IA

 Service:
 Full Service Television
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 09/30/2021
 Filing Status:

 Active
 Filing Status
 Filing Status
 Filing Status
 Filing Status
 Filing Status

General	Section	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	Phone		Email		Applicant Type	
	HEARST PROPERTIES INC.		PO Box 1800 +1 (919) 839- Raleigh, NC 27602 United States) 839-0300	1-0300 pcross@brooksp		pierce.com COR	
Contact	Contact Name	Addre	SS	Phone	Em	ail	Con	tact Type	
Representatives	Patrick Cross Brooks, Pierce et al.	Suite ² Raleig	ayetteville Stree 1700 h, NC 27601 I States	t +1 (919) 839-i	+1 (919) 839-0300 pcross@brookspierce		e.com Legal Representative		
Common Stations	Facility Identifier		-	City	State		rage Agreen	nent	
	33710	ŕ	(CCI	DES MOINES	IA	No			
Program Report Questions	Section		Question				Response		
	Discrimination Com	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?				No			
	full-time er			station employment unit employ fewer than five ployees? Consider as "full-time" employees all anently working 30 or more hours a week?			No		
Additional	Responsibility for I	mplem	entation						

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
Brian Sather	President and General Manager

Question

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	09/30 /2021
Certified Title	President
Authorized Party Name	Jordan M. Wertlieb

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Narrative Exhibit.pdf	Applicant	All Purpose	Narrative Statement	Done with Virus Scan and/or Conversion
KCCI(TV) - 2020 Public File	Applicant	EEO Public File	2020 Public File	Done with Virus Scan and/or
Report.pdf		Report	Report	Conversion
KCCI(TV) - 2021 Public File	Applicant	EEO Public File	2021 Public File	Done with Virus Scan and/or
Report.pdf		Report	Report	Conversion