EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYER INFORMATION REPORT

GOVERNMENT OF THE DISTRICT OF COLUMBIA DC Office of Contracting and Procurement Employer Information Report (EEO)	Reply to: Office of Contracting and Procurement 441 4th Street, NW, Suite 700 South Washington, DC 20001

Instructions:
Two (2) copies of DAS 84-404 or Federal Form EEO-1 shall be submitted to the Office of Contracting and Procurement to comply with Section D of this report ONLY. One copy shall be retained by the Contractor.

Section A – TYPE OF REPORT

1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX)

Single Establishment Employer
(1) ☐ Single-establishment Employer Report

Multi-establishment Employer
(2) ☐ Consolidated Report
(3) ☐ Headquarters Report
(4) ☐ Individual Establishment Report (submit one for each establishment with 25 or more employees)
(5) ☐ Special Report

2. Total number of reports being filed by this Company. _____

Section B – COMPANY IDENTIFICATION OFFICIAL (To be answered by all employers) — OFFICIAL USE ONLY

1. Name of Company which owns or controls the establishment for which this report is filed					a.
Address (Number and street)	City or Town	Country	State	Zip Code	b.
b. Employer Identification No.					
2. Establishment for which this report is filed.					OFFICIAL USE ONLY
a. Name of establishment					c.
Address (Number and street)	City or Town	Country	State	Zip Code	d.
b. Employer Identification No.					
3. Parent of affiliated Company					
a. Name of parent or affiliated Company	b. Employer Identification No.				
Address (Number and street)	City or Town	Country	State	Zip Code	

Section C - ESTABLISHMENT INFORMATION

1. Is the location of the establishment the same as that reported last year?

☐ Yes ☐ No ☐ Did not report last year ☐ Report on combined basis

2. Is the major business activity at this establishment the same as that reported last year?

☐ Yes ☐ No ☐ Did not report last year ☐ Report on combined basis

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3. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or service provided, as well as the principal business or industrial activity.) — e.

4. MINORITY GROUP MEMBERS: Indicate if you are a minority business enterprise (50% owned or 51% controlled by minority members).

☐ YES ☐ NO

SECTION D – EMPLOYMENT DATA

Employment at this establishment – Report all permanent, temporary, or part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zero. *In columns 1, 2, and 3, include ALL employees in the establishment Including those in minority groups*

JOB CATEGORIES	TOTAL EMPLOYEES IN ESTABLISHMENT			MINORITY GROUP EMPLOYEES							
				MALE				FEMALE			
	Total Employees Including Minorities **(1)**	Total Male Including Minorities **(2)**	Total Female Including Minorities **(3)**	Black **(4)**	Asian **(5)**	American Indian **(6)**	Hispanic **(7)**	Black **(8)**	Asian **(9)**	American Indian **(10)**	Hispanic **(11)**
Officials and Managers											
Professionals											
Technicians											
Sales Workers											
Office and Clerical											
Craftsman (Skilled)											
Operative (Semi-Skilled)											
Laborers (Unskilled)											
Service Workers											
TOTAL											
Total employ reported in previous report											

(The trainee below should also be included in the figures for the appropriate occupation categories above)

Formal On-The-Job Trainee	White collar	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Production											

1. How was information as to race or ethnic group in Section D obtained?
a. ☐Visual Survey c. ☐Other Specify_____
b. ☐Employment Record_____

2. Dates of payroll period used: _____
3. Pay period of last report submitted for this establishment: _____

Section E – REMARKS Use this Item to give any identification data appearing on last report which differs from that given above, explain major changes in composition or reporting units, and other pertinent information.

Section F - CERTIFICATION

Check one ☐ (1) All reports are accurate and were prepared in accordance with the instructions (check on consolidated only)
☐ (2) This report is accurate and was prepared in accordance with the instructions.

Name of Authorized Official **Title** **Signature** **Date**

Name of person contact regarding this report Address (Number and Street)

Title **City and State** **Zip Code** **Telephone** **Number** **Extension**

INFORMATION CITED HEREIN SHALL BE HELD IN CONFIDENCE