U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID	EMPLOYER NAME
0882732	THE PROCTER AND GAMBLE COMPANY

ADDRESS	CITY/TOWN	STATE	ZIP CODE
TWO PROCTER & GAMBLE PLAZA	CINCINNATI	OH	45202

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
[redacted]

SECTION E – EMPLOYER FILING ELIGIBILITY
[X] YES (Employer Is Eligible to File) [ ] NO (Employer Is Not Eligible to File) [ ] EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)
Unique Entity ID (UEI): LMLHENSX2W97

[ ] YES (Single-Establishment Employer is Federal Contractor) [X] YES (Multi-Establishment Employer is Federal Contractor)

[X] YES (Headquarters is Federal Contractor) [ ] YES (Non-Headquarters Establishment is Federal Contractor)

[X] YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION
551114 - Corporate, Subsidiary, and Regional Managing Offices

2023 SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	10	7	37	7	12	0	0	3	34	10	10	0	0	1	131
First/Mid-Level Officials and Managers	537	404	3093	410	513	2	14	74	2434	439	470	2	9	87	8488
Professionals	92	123	957	75	162	1	2	17	956	98	174	0	0	23	2680
Technicians	318	172	1071	280	39	4	2	46	618	152	53	1	7	47	2810
Sales Workers	82	107	587	87	38	1	4	20	536	82	56	0	4	22	1626
Administrative Support Workers	41	49	539	84	21	1	1	7	1221	137	44	0	7	27	2179
Craft Workers	556	151	5761	1062	127	11	63	175	1476	433	34	1	18	71	9939
Operatives	61	29	646	116	25	2	3	4	179	46	10	0	3	3	1127
Laborers and Helpers	2	4	28	0	1	0	1	1	14	0	0	0	1	0	52
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	1699	1046	12719	2121	938	22	90	347	7468	1397	851	4	49	281	29032
PRIOR 2022 REPORTING YEAR TOTAL	1643	914	12809	1947	910	27	88	310	7420	1281	814	6	47	247	28463

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/15/2023 - 12/31/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID	EMPLOYER NAME
[redacted]	THE PROCTER AND GAMBLE COMPANY

ADDRESS	CITY/TOWN	STATE	ZIP CODE
TWO PROCTER & GAMBLE PLAZA	CINCINNATI	OH	45202

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

5/30/2024 4:00 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official	Title of Certifying Official
[redacted]	[redacted]
Email Address of Certifying Official	Telephone Number of Certifying Official
[redacted]	[redacted]

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC	Title and Employer of Primary POC
[redacted]	[redacted]
Email Address of Primary POC	Telephone Number of Primary POC
[redacted]	[redacted]

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OFS COMPANY ID	EMPLOYER NAME
[redacted]	PROCTER AND GAMBLE COMPANY, THE

ADDRESS	CITY/TOWN	STATE	ZIP CODE
TWO PROCTER & GAMBLE PLAZA	CINCINNATI	OH	45202

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SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)
Unique Entity ID (UEI): UNAVAILABLE

[ ] YES (Single-Establishment Employer is Federal Contractor) [X] YES (Multi-Establishment Employer is Federal Contractor)

[X] YES (Headquarters is Federal Contractor) [ ] YES (Non-Headquarters Establishment is Federal Contractor)

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			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	11	6	54	7	14	0	0	3	54	7	9	0	0	1	166
First/Mid-Level Officials and Managers	492	356	3144	377	478	2	12	66	2319	374	431	2	7	78	8138
Professionals	105	120	1079	87	191	1	1	19	1062	117	197	0	0	26	3005
Technicians	311	125	1263	264	34	6	3	42	680	131	44	2	5	35	2945
Sales Workers	88	92	600	78	38	2	3	16	526	73	57	0	5	18	1596
Administrative Support Workers	41	53	574	79	9	1	2	12	1248	129	39	0	7	21	2215
Craft Workers	427	86	5185	858	105	11	61	120	1245	366	21	2	19	51	8557
Operatives	164	68	867	192	40	4	5	25	265	83	15	0	3	16	1747
Laborers and Helpers	2	6	31	1	1	0	1	4	16	0	0	0	1	0	63
Service Workers	2	2	12	4	0	0	0	3	5	1	1	0	0	1	31
CURRENT 2022 REPORTING YEAR TOTAL	1643	914	12809	1947	910	27	88	310	7420	1281	814	6	47	247	28463
PRIOR 2021 REPORTING YEAR TOTAL	1548	845	12455	1807	872	27	89	169	7070	1126	713	3	50	142	26916

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/15/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
Not Applicable

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[redacted]	PROCTER AND GAMBLE COMPANY, THE

ADDRESS	CITY/TOWN	STATE	ZIP CODE
TWO PROCTER & GAMBLE PLAZA	CINCINNATI	OH	45202

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

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DATE OF CERTIFICATION

11/30/2023 3:56 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official	Title of Certifying Official
[redacted]	[redacted]
Email Address of Certifying Official	Telephone Number of Certifying Official
[redacted]	[redacted]

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC	Title and Employer of Primary POC
[redacted]	[redacted]
Email Address of Primary POC	Telephone Number of Primary POC
[redacted]	[redacted]