

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 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 [REDACTED]	EMPLOYER NAME MEDALLIA			
ADDRESS 6220 Stoneridge Mall Road, Floor 2	CITY/TOWN PLEASANTON	STATE CA	ZIP CODE 94588	

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

☒ 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): [REDACTED]

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)  
☒ YES (Headquarters is Federal Contractor) ☐ YES (Non-Headquarters Establishment is Federal Contractor)  
☒ YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

513210 - Software Publishers

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	1	2	31	2	4	1	0	1	16	0	5	0	0	1	64
First/Mid-Level Officials and Managers	5	12	84	4	24	0	0	5	60	3	22	0	0	2	221
Professionals	26	14	215	24	56	1	0	13	114	18	58	2	1	11	553
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	11	6	73	6	2	0	1	1	57	7	2	0	1	7	174
Administrative Support Workers	0	4	2	1	0	0	0	0	5	6	0	0	0	0	18
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	43	38	405	37	86	2	1	20	252	34	87	2	2	21	1030
PRIOR 2023 REPORTING YEAR TOTAL	49	40	466	43	104	2	1	32	289	32	105	2	2	27	1194

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/16/2024 - 12/31/2024

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 <div></div>		EMPLOYER NAME MEDALLIA		
ADDRESS 6220 Stoneridge Mall Road, Floor 2		CITY/TOWN PLEASANTON	STATE CA	ZIP CODE 94588
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT				
<p><i>"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."</i></p> <p><b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b></p>				
DATE OF CERTIFICATION				
6/10/2025 9:51 AM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Kathleen Beckman		Title of Certifying Official Director, Employee Relations and HR Policy		
Email Address of Certifying Official kbeckman@medallia.com		Telephone Number of Certifying Official <div></div>		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Kathleen Beckman		Title and Employer of Primary POC Director, Employee Relations and HR Policy Medallia, Inc.		
Email Address of Primary POC kbeckman@medallia.com		Telephone Number of Primary POC <div></div>		