



**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**  
**Office of Davis-Bacon and Labor Standards**  
**FEDERAL LABOR STANDARDS COMPLAINT INTAKE FORM**

**HUD FORM 4731**

OMB Approval No. 2501-0018  
(Exp. XX/XX/20XX)

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Name of complainant		Social Security Number			
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Were meal breaks taken? If yes, how long were the breaks?	<input type="checkbox"/>	<input type="checkbox"/>	Did the employer keep time records?	<input type="checkbox"/>	<input type="checkbox"/>
Paid Overtime (time and ½) after 40 hours?	<input type="checkbox"/>	<input type="checkbox"/>	Did the complainant keep time records?	<input type="checkbox"/>	<input type="checkbox"/>
Paid for all hours worked?	<input type="checkbox"/>	<input type="checkbox"/>	Does complainant have other personal records (pay stubs, log books, etc.) he/she can provide?	<input type="checkbox"/>	<input type="checkbox"/>
Was/is the complainant an Apprentice?	<input type="checkbox"/>	<input type="checkbox"/>	Were fringe benefits paid?	<input type="checkbox"/>	<input type="checkbox"/>

**If fringe benefits were paid, check all that apply:**

<input type="checkbox"/> Cash in lieu of fringe benefits	<input type="checkbox"/> Life insurance	<input type="checkbox"/> Pension
<input type="checkbox"/> Health insurance	<input type="checkbox"/> Dental insurance	<input type="checkbox"/> Holiday/Sick/Vacation

Identify other fringe benefits paid

Names of others affected by the alleged violation(s)

Names of others who can verify/attest to the complainant's allegations

- Continuation sheets attached
- Complainant's personal interview attached

**Complaint taken by:**

Name (print clearly)	Phone number (including area code) and E-mail address
Title	Agency, office
<b>Signature</b>	Date

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. The information is considered sensitive and will not be released without your approval. Provision of this information is voluntary. The information collected assists HUD in compliance monitoring of Federal labor standards. Any information collected is covered by the Privacy Act of 1974 and by 29 CFR 5.6(a)(5). Individuals and agencies collecting this information must maintain these records in a manner that protects the individuals on whom the information is maintained. The information collected herein is voluntary, and any information provided shall be kept confidential. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number. HUD and local

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agencies administering HUD-assisted programs must enforce Federal wage and reporting requirements on covered HUD-assisted construction and maintenance work. Enforcement activities include collecting information from laborers and mechanics and other interested parties regarding information about their employment on covered projects.

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