

**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. 01/31/2027)

Name of complainant

Social Security Number

Current address of complainant (Street/City/State/Zip Code)

Permanent address, if different from current address

Telephone (including area code) (Home/Cell/Other)

E-Mail address

Project name, location and contract/project number

Prime contractor company name

Employer (company) name

Employer: name of owner/responsible party

Employer address

Employer: contact information (Telephone/Cell/Other)

**Check one:**

☐ Current employee

☐ Former employee

☐ Other (specify)

Period employed on the project

From:

To:

Occupation/job title:

Duties performed (be specific)

Tools used and/or equipment operated

**Wage Rate: \$**      per    ☐ Hour    ☐ Day    ☐ Week    ☐ Piece    ☐ Other (specify):

**Hours usually worked on the project**

**Sunday**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Usual start and stop times**

Start work time:

End work time:

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**Yes No**

**Yes No**

Were meal breaks taken?  
If yes, how long were the breaks?

☐ ☐

Did the employer keep time records?

☐ ☐

Paid Overtime (time and ½) after 40 hours?

☐ ☐

Did the complainant keep time records?

☐ ☐

Paid for all hours worked?

☐ ☐

Does complainant have other personal records (pay stubs, log books, etc.) he/she can provide?

☐ ☐

Was/is the complainant an Apprentice?

☐ ☐

Were fringe benefits paid?

☐ ☐

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

☐ Cash in lieu of fringe benefits

☐ Life insurance

☐ Pension

☐ Health insurance

☐ Dental insurance

☐ 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

**Signature**

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 agencies administering HUD-assisted programs must enforce Federal wage and reporting requirements on covered HUD-assisted construction and

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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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