U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT Office of Labor Relations FEDERAL LABOR STANDARDS COMPLAINT INTAKE FORM

HUD FORM 4731

OMB Approval No. 2501-0018 (Exp. 08/31/2010)

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:	ck one: Current employee Period employed on the project Former employee								
	Other (specify)	From:		То:					
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	ston times	Start work time:		End work time:					
Journ Start and a	arab mines	Grant Work time.		LIIU WOIK UIIIG.					

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT Office of Labor Relations FEDERAL LABOR STANDARDS COMPLAINT INTAKE FORM

HUD FORM 4731

OMB Approval No. 2501-0018 (Exp. 08/31/2010)

Name of complainant	Social Security Number									
Yes	No	1	Yes	No						
Were meal breaks taken?		Did the employer keep time								
If yes, how long were the breaks?		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)	F	Phone number (including area code) and E-mail address	i							
Title	P	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. 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 maintenance work. Enforcement activities include collecting information from laborers and mechanics and other interested parities regarding information about their employment on covered projects.

PREVIOUS EDITION IS OBSOLETE form HUD-4731 (6/2004)