

Emergency Medical Treatment and Labor Act (EMTALA)

[Emergency department rights](#)

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[How to file an EMTALA complaint](#)

Your EMTALA rights:

How to file a complaint about a hospital emergency department

If you believe your EMTALA rights have been violated by a hospital emergency department, you can **file an EMTALA complaint**.

Filing an EMTALA complaint isn't a legal action. You're helping to make sure hospitals stabilize emergency medical conditions and follow the law.

Prepare before you file a complaint

- 1. [Know your rights](#)** under the Emergency Medical Treatment and Labor Act (EMTALA).
- 2. You'll need to give details about what happened.** For example, the hospital name, patient name (if you choose to), and what happened, including the date. You can file a complaint anonymously.
- 3. File your complaint as soon as possible.** This will make it easier to keep track of the facts, and it may help if you choose to take legal action on your own.

To file a complaint

There are 2 ways to file a complaint about a possible EMTALA violation:

- Contact the [State Survey Agency](#) in the state where the hospital is located.
- Use the online form linked here. The federal government will review your complaint and might share it with the state.

File an EMTALA complaint

If you already filed a complaint and have more information or want to contact us, please file another complaint.

What to expect

If you use the online form and provide your email, you'll get an email confirming that the federal government got your complaint.

The federal government and the states work together to review and investigate EMTALA complaints. Often a State Survey Agency conducts the investigation, if there is one. After an investigation, the federal government reviews the case and determines if a hospital violated EMTALA. The process can take weeks or months, depending on the nature of the complaint.

If you provide your contact information, an investigator might contact you with questions. Even if you don't speak to an investigator, you'll get a summary of the investigation.

If your complaint is about a situation EMTALA doesn't cover, it will be sent to the right office, or closed.

Privacy Act Statement - Effective February 22, 2024

Protecting your privacy is very important to us. The Centers for Medicare and Medicaid Services (CMS) intend to collect information from anyone who wishes to file a complaint under the Emergency Medical Treatment and Labor Act (EMTALA). 42 U.S.C. §1395dd and 42 CFR §489.24 allow us to collect this information about a potential EMTALA violation.

It's voluntary to provide your information on the EMTALA complaint form; however, if you don't provide information about a potential EMTALA violation, it might limit our ability to investigate and help resolve the situation.

As permitted by the Privacy Act of 1974 and all applicable routine uses, CMS may use or share your information to determine if an EMTALA violation has occurred.

Details about the use of your information are in the [System of Records Notice](#) "Automated Survey Processing Environment (ASPEN) Complaints/Incidents Tracking System (ACTS)," System No. 09-70-0565.

Paperwork Reduction Act Statement

OMB Control Number: 0938-1185
This form expires on **March 31, 2026**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1185. This information collection is to allow individuals to submit complaints of their experiences within Hospital Emergency Departments.

The time required to complete this information collection is estimated to average less than 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary, and if you choose, confidential.

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

CMS
7500 Security Boulevard
Attn: PRA Reports Clearance Officer
Mail Stop C4-26-05
Baltimore, Maryland 21244-1850
OMB Control Number: 0938-1185

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File an EMTALA complaint

Before filing a complaint, [know your rights](#) under the Emergency Medical Treatment and Labor Act (EMTALA). Anyone can file an EMTALA complaint.

1 EMTALA complaint about a hospital emergency department

The questions in this form are required unless marked “optional”.

Would you like to provide contact information or file anonymously?

☒ I'll provide my contact information
If we have questions about your complaint, we might contact you. Below, you can let us know if you have any concerns about sharing your information with the state where the hospital is located.

☐ I'll remain anonymous
We investigate anonymous complaints. Please note that sometimes while gathering information, investigators reach out to patients and other people they identify in hospital records.

Your contact information

Provide your own contact information, even if you're filing this complaint for someone else. Sometimes we have questions, and it's very helpful if we can contact you.

First name

Mary

Last name

Jane Doe

Phone (optional)

(952)607-1456

Email (optional)

Mary.Doe@gmail.com

PRA Note: These are revealed if user selects “I'll provide my contact information”. Otherwise they are hidden.

What is your relationship to the patient?

☐ I'm the patient

☐ I'm filing a complaint for someone else

☐ I work at this hospital

☐ I prefer not to say

2 Let us know where the problem happened

Where is the hospital emergency department?

Select a U.S. state or territory

Minnesota

Hospital name

Hennepin County Medical Center

Here's the address we have for this hospital emergency department:

Hennepin County Medical Center Emergency Room
900 S 8th Street
Minneapolis, Minnesota 55415

If this hospital information isn't correct, let us know under “Tell us what happened.”

PRA Note: Based on selection, the Hospital Name and Address auto-populates based on CMS Data.

3 Tell us what happened

When did the problem happen?

If you're not sure, give your best estimate.

Date

Tell us what happened.

Describe the situation in detail. Be sure to include:

- The people who were involved (Examples: witnesses, hospital staff)
- What actions you took
- If the hospital tried to address the situation
- Any concerns about sharing your information with the state

3000 characters allowed

Have you reported this problem before? (optional)

If so, who did you report this problem to?

175 characters allowed

Review your complaint

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you@example.com

Sign up