

Oregon Dept. of Human Services Shared Services
Office of Adult Abuse Prevention and Investigations
OAAPI.CMHP.PSI@state.or.us

Serious Event Reporting Form (SERF)

1 County: Multnomah

2. Date OAAPI notified: 10/29/2017

Reporting Person Information

3. Name of Reporting Person: [Redacted]

4. Relationship to Alleged Victim: nursing supervisor

5. Telephone Number: [Redacted]

Investigation Information

6. Name of investigator and CMHP assigned: Multnomah

7. Telephone No of Investigator:

8. Date Case Assigned for Investigation:

9. Person completing this form: Darcy Kennedy, LCSW

10. Staff's telephone number: (503) 988-8170

11. Date Report Taken by CMHP:

Alleged Victim Information (AV)

12 Name: [Redacted]

13. Gender [Redacted]

14. Date of Birt [Redacted]

15. Full Address [Redacted]

16. Telephone Number [Redacted]

17. Does the AV have a Guardian:

18. Is the AV enrolled in: MH

Service Element

19. What Service Provider was responsible for the Alleged Victim(s) at the time of the alleged incident?:

x Community MH Program Service

Type: Court committed, at Unity

MH - Licensed Residential Treatment Facil

MH - Licensed Secure Residential Treatment Faci

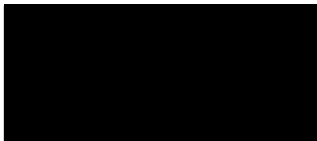
MH - Licensed Residential Treatment Ho

MH - Licensed Adult Foster Hom

Other

20. Provider Name

21. Site, Address, City, ST ZI



Alleged Perpetrator Information (AP)

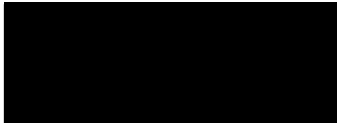
Alleged Perpetrator (AP) #

22. Name: Unity Center

23. Gender:

24. Date of Birth:

25. Address:



26. Telephone Number:

27. Relationship to AV: inpatient hospital

Incident Information

28. Date:



29. Location: 1225 NE 2nd Avenue

30. Description of Incident:

AV was outside in a secure garden space within the hospital, when he scaled a 20+ foot wooden wall and eloped. AV is on a Multnomah County Court Commitment. He was found [redacted] (today) when he went to a different hospital for a hurt foot from when he jumped off of the wall. Unity is already exploring ways to make the tall wall, unscaleable. AV is back at Unity.

31. Type of Allegation: (check all that app

DEATH:

Accidental
Homicide

Natural
Suicide



*ACNAT, Accidental/Natural Death being screened for possible abuse or neg

ABUSE: Neglect
 Physical Abuse
 Sexual Abuse

Law Enforcement Contact

32. Is there a reason to believe a crime was committed?

33. Date of Contact:

34. Agency/OfficerName:

Staff Signature: _____ Date: _____

Print Name:

