

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: 10/9/2017

Reporting Person Information

3. Name of Reporting Person: [REDACTED]

4. Relationship to Alleged Victim: supervisor Unity

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]

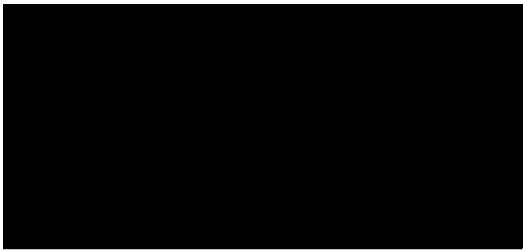
15. Full Address [REDACTED]


16. Telephone Number [REDACTED]

17. Does the AV have a Guardian:

18. Is the AV enrolled in: MH

- 12 Name:
- 13. Gender
- 14. Date of Birt
- 15. Full Address



16. Telephone Number 

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?:

Community MH Program Service

Type:

MH - Licensed Residential Treatment Facil

MH - Licensed Secure Residential Treatment Faci

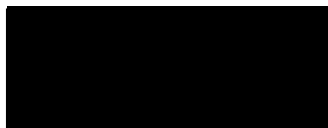
MH - Licensed Residential Treatment Ho

MH - Licensed Adult Foster Hom

x Other CCO

20. Provider Name

21. Site, Address, City, ST ZI



Alleged Perpetrator Information (AP)

Alleged Perpetrator (AP) #

22. Name: Unity Inpatient

23. Gender:

24. Date of Birth:

25. Address:



26. Telephone Number:

27. Relationship to AV: in patient provider

Incident Information

28. Date:



29. Location: Unity Inpatient

30. Description of Incident:

[REDACTED] is transgender who also goes by "[REDACTED]". Both patients were on HH at the time of the incident. Staff were doing "routine" monitoring at night and on the camera, and noticed that AV1 and AV2 were engaging in a sexual relationship. AV1 entered AV2's room and initiated the contact. When staff discovered they interrupted the act and stopped it. AV2 was committed on [REDACTED] (stipulated). AV1 was released from the hospital on [REDACTED]. Increased monitoring from 2 am until 3 p.m. on the 6th. Consulted with Amy Solt, Team

Lead. Screen out as there did not appear to be any warning signs, staff discovered the incident, and interrupted it immediately, putting in place a safety plan and evaluating their patients. Both AV1 and AV2 reported to staff that the sexual encounter was consensual.

31. Type of Allegation: (check all that app

DEATH:	Accidental	Natural
	Homicide	Suicide

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

ABUSE: Neglect
 Physical Abuse
 Sexual Abuse

22. Type of Allegation: (list all that apply)
 Abuse - Neglect

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: