

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: 3/10/2017

Reporting Person Information

3. Name of Reporting Person: [Redacted]

4. Relationship to Alleged Victim: Unity Manager

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) 988-9750

11. Date Report Taken by CMHP:

Alleged Victim Information (AV)

12 Name: [Redacted]

13. Gender [Redacted]

14. Date of Birt [Redacted]

15. Full Address not provided
[Redacted]

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 Other - See Database Manager

20. Provider Name

21. Site, Address, City, ST ZI

1225 NE 2nd Avenue
Portland, OR 97232

Alleged Perpetrator Information (AP)

Alleged Perpetrator (AP) #

22. Name: Unity Center

23. Gender:

24. Date of Birth:

25. Address: 1225 NE 2nd Avenue
Portland, OR 97232

26. Telephone Number:

27. Relationship to AV: Inpatient Psych Unit

Incident Information

28. Date: [Redacted]

29. Location: Unity Center

30. Description of Incident: AV reported that her mother sexually assaulted her in the bathroom of her room. Caller stated that AV was very symptomatic including psychotic thought processes and content. AV later recanted and said that she does not think her mother assaulted her. Hospital staff are implementing a plan to make sure AV and her mother are not alone, although there is no evidence that she was assaulted.

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: