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# 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:

4. Relationship to Alleged Victim:

5. Telephone Number:

# RN Manager

#### **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:
- 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

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#### 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

26. Telephone Number:

27. Relationship to AV: inpatient psych

#### **Incident Information**

28. Date:

29. Location:

Unity Center

30. Description of

Incident:

Male patient (head) knocked on the door (it was locked) and she opened the door. He entered the room and then she stumbled and he tried to help her. He pulled her pants down and fondled her on AV's bed. Staff witnessed on moniter and rushed in. She stated it was unwanted sexual advances. Police called and they came and took AV's statement. He is in seclusion at this time. When he does get out of seclusion, AV will be on a different unit. Caller reported that she is unaware of the male patient having any history of being a sex offender.

## Police were called and report taken.

31. Type of Allegation: (check all that app

DEATH: Accidental

Natural

Homicide

Suicide

S	ERF	_	revised	Aug	ust	2017
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\*ACNAT, Accidental/Natural Death being screened for possible abuse or neg

ABUSE: x

x Neglect

Physical Abuse

Sexual Abuse

22. Type of Allegation: (list all that apply)
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:	, to make the contract of the
Print Name:		