

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: 3/16/2018

Reporting Person Information

3. Name of Reporting Person: [Redacted]

4. Relationship to Alleged Victim: Unity Staff

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 homeless
[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?:

x Community MH Program Service

Type: NMI- Clackamas County

MH - Licensed Residential Treatment Facil

MH - Licensed Secure Residential Treatment Faci

MH - Licensed Residential Treatment Ho

MH - Licensed Adult Foster Hom

x Other CCO-unknown county

20. Provider Name

21. Site, Address, City, ST ZI

[Redacted]
Portland, OR

Alleged Perpetrator Information (AP)

Alleged Perpetrator (AP) #

22. Name: Unity Psych Unit

23. Gender:

24. Date of Birth:

25. Address:

Portland, OR

26. Telephone Number:

27. Relationship to AV: in patient psych provider

Incident Information

28. Date: [Redacted]

29. Location: Unity- 1225 NE 2nd

30. Description of Incident: [Redacted] (another patient on the unit) assaulted AV in an unprovoked attack. [Redacted] grabbed her by the hair and threw her to the floor and attempted to punch and successfully kicked her on the right side of the jaw. [Redacted] had multiple verbal altercations with verbal threats to harm others previous to this attack, but there was no known past physical altercations. There did not appear to be any safety plan in place for [Redacted]. Safety plan after the assault consisted of seclusion and medication, moved to a higher acuity unit. AV was

discharged from unit already. Screened out for Multnomah County and sent referral over to Clackamas County as AV was on a Notice of Mental Illness from Clackamas County and was being discharged to outpatient emergency services to [REDACTED]

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: x 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: