

**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: 3/24/2017

Reporting Person Information

3. Name of Reporting Person: [REDACTED]

4. Relationship to Alleged Victim: Assistant Nurse 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 [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?:

Community MH Program Service

Type:

MH - Licensed Residential Treatment Facil

MH - Licensed Secure Residential Treatment Faci

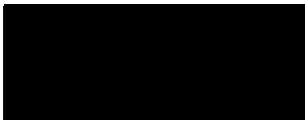
MH - Licensed Residential Treatment Ho

MH - Licensed Adult Foster Hom

x Other Other - See Database Manager

20. Provider Name

21. Site, Address, City, ST ZI



Alleged Perpetrator Information (AP)

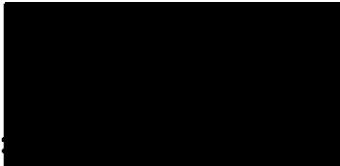
Alleged Perpetrator (AP) #

22. Name: Unity Center

23. Gender:

24. Date of Birth:

25. Address:



26. Telephone Number:

27. Relationship to AV: in patient hospital

Incident Information

28. Date:



29. Location: Unity Center

30. Description of Incident:

Staff witnessed [redacted] put his hands around AV's throat as though he were choking her. Staff responded immediately. AV denied being injured or hurt. Staff did not note any injuries such as redness or bruising. AV minimized the issue and stated she did not feel threatened or scared. [redacted] had been on the unit for two months with no other "acting out" towards others within those two months. [redacted]. Unity took appropriate steps to separate the two patients and [redacted] was placed in seclusion right after the event and then moved

to a different unit.

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

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:

