

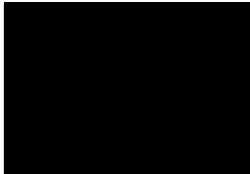
Oregon Dept. of Human Services Shared Services  
Office of Adult Abuse Prevention and Investigations  
OAAPI.CMHP.PSI@state.or.us

Serious Event Reporting Form (SERF)

1 County: Multnomah  
2. Date OAAPI notified: 5/8/2017

**Reporting Person Information**

3. Name of Reporting Person:  
4. Relationship to Alleged Victim:  
5. Telephone Number:

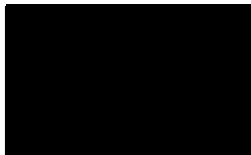


**Investigation Information**

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 Unity Center  
Portland, OR  
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

Portland, OR

**Alleged Perpetrator Information (AP)**

Alleged Perpetrator (AP) #

22. Name: Unity Center

23. Gender:

24. Date of Birth:

25. Address:

Portland, OR

26. Telephone Number:

27. Relationship to AV: in patient psych

**Incident Information**

28. Date:



29. Location:

Unity Center

30. Description of Incident:

AV is stating she wants to be released from her HH. Advised her that this was a legal proceeding and that she needs to have conversations with her psychiatrist at Unity, her outpatient provider, and the ICP investigator in regards to the status of her HH. Screened out.

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: