

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: 7/24/2018

**Reporting Person Information**

3. Name of Reporting Person: [Redacted]

4. Relationship to Alleged Victim: RN supervisor Unity

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 [Redacted]

16. Telephone Number

17. Does the AV have a Guardian:

18. Is the AV enrolled in: MH

- 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



**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 HH at Unity under OHP

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 Behavioral Health

23. Gender:

24. Date of Birth:

25. Address:

Portland, OR

26. Telephone Number:

27. Relationship to AV: psychiatric hospital

**Incident Information**

28. Date: [REDACTED]

29. Location: Psychiatric Unit Unity

30. Description of Incident: AV1 and AV2 engaged in a consensual sexual act in AV2's room. It appeared that for three minutes they hugged and kissed and attempted to hide from the cameras. Then went into the bathroom for 12 minutes to engage in sexual act in the bathroom. AV1 and AV2 are both on HH but deemed able to make decisions. Both AV's were manic but caller denied any red flags. No history that caller knew in regards to sexual offender. Both people admitted what happened and said it was consensual. AV2 was transferred to another unit and AV1 was also

moved to safety suite with instructions to stay 5 feet away from female patients and is supposed to be in line of sight when in public areas and 15 minute checks. There have been no further incidents per caller. Unity was advised to call back if any continued incidents occurred. Telephone call placed to Clackamas County MH APS to pass on information regarding AV1. They also concurred with decision to screen 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: 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: