

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: 7/31/2017

**Reporting Person Information**

3. Name of Reporting Person: [Redacted]

4. Relationship to Alleged Victim: Unity Social Worker

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

admitted

Portland, OR



**Alleged Perpetrator Information (AP)**

Alleged Perpetrator (AP) #

22. Name:

23. Gender:

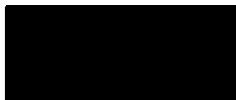
24. Date of Birth:

25. Address:

Portland, OR

26. Telephone Number:

27. Relationship to AV: met on the internet



**Incident Information** Unknown

28. Date:

approx. 90 days ago

29. Location: Portland

30. Description of Incident:

[Redacted] reported the sexual assault to hospital staff. AV's father is in law enforcement in [Redacted]. AV is not capable of making a report to police because she is "really manic." Hospital staff advised father to make a police report on behalf of daughter as AV is not capable of doing it at this time. I also advised staff to see check with hospital supervisor to see if hospital could make a police report on AV's behalf.



AV was in the community when she had her first manic episode approximately 90 days ago. She met a AP on line and met him in a public place and then when to someplace more private where he raped her. Caller does not believe the report is delusional and describes AV as so symptomatic that she could not have consented. Screened out as AV was not enrolled in MH services at the time of the assault and she was not enrolled in OHP or any other MC funded MH service.

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  
              x    Sexual Abuse

22. Type of Allegation: (list all that apply)  
      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: