

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: Clackamas

2. Date OAAPI notified: 8/17/2017

**Reporting Person Information**

3. Name of Reporting Person: [Redacted]

4. Relationship to Alleged Victim: supervisor Unity

5. Telephone Number: [Redacted]

**Investigation Information**

6. Name of investigator and CMHP assigned Clackamas

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

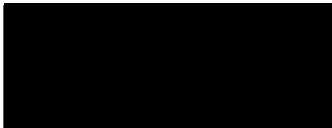
MH - Licensed Residential Treatment Ho

MH - Licensed Adult Foster Hom

x Other Case Management / Counseling

20. Provider Name

21. Site, Address, City, ST ZI



**Alleged Perpetrator Information (AP)**

Alleged Perpetrator (AP) #

22. Name:

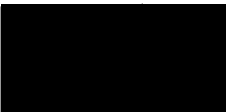
23. Gender:

24. Date of Birth: Unknown

25. Address:

26. Telephone Number:

27. Relationship to AV: behavioral health staff-unlicensed

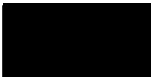


**Incident Information** Unknown

28. Date:

29. Location:

30. Description of Incident:



AV was admitted to Unity from [redacted]. She reported anonymously that AP asked for her phone number while she was in the hospital and then AP pursued a sexual relationship with her once outside the hospital. The hospital was able to discover AV's identity with reverse look up on her telephone number. They confirmed the information she provided and completed an internal QM investigation and AP reportedly admitted to the sexual relationship. He has since reportedly been terminated. AV appears to have been in

services in Clackamas County. Multnomah County has screened out as it does not appear she was under the care of a CMHP in Multnomah County at the time of the abuse. However, this screening was sent to Clackamas County for review to make sure she was not in services or on a commitment in Clackamas County during the abuse time frame. Emailed to jdecker.

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: