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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:

8/3/2017

Reporting Person Information

3. Name of Reporting Person:

unity staff

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:

Amy Solt

10. Staff's telephone number:

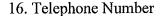
(503) 988-8293

11. Date Report Taken by CMHP:

Alleged Victim Information (AV)

- 12 Name:
- 13. Gender
- 14. Date of Birt
- 15. Full Address

homeless



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:

x MH - Licensed Residential Treatment Facil

MH - Licensed Secure Residential Treatment Faci

MH - Licensed Residential Treatment Ho

MH - Licensed Adult Foster Hom

Other

20. Provider Name

21. Site, Address, City, ST ZI

1225 NE 2nd Avenue

Portland, OR

Alleged Perpetrator Information (AP)

Alleged Perpetrator (AP) #

22. Name:

23. Gender:

24. Date of Birth:

25. Address:



26. Telephone Number:

27. Relationship to AV: boyfriend

Incident Information

28. Date:



29. Location:

30. Description of Incident:

AV was taken into Good Sam on and put on a hold. AV reported that her boyfriend AP, put a rope around her neck as part of "sex play" and she was injured with ligature marks and cuts on her face. AV also was injured back in by AP, received a broken hip that required surgery. AV has familycare. Case is screened out due to AV is not receiving MH services from CMHP. SW could not safety plan with AV due to she is extremely disorganized at the present. The ICP from Columbia County was going to look into to see if a police

report was filed but caller did not know if a report to police was made.

31. Type of Allegation: (check all that app

DEATH:

Accidental

Natural

Homicide

Suicide

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*ACNAT, A	ccidental/Natural	Death being	screened for	possible abuse of	r neg
ABUSE:	Neglect				

Physical Abuse Sexual Abuse

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

Law Enforcement Contact

				7	
32	Is there a	reagon	to belie	ve a crime	was committed?

33. Date of Contact:34. Agency/OfficerName:		i
Staff Signature:	Date:	
Print Name:		