

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: [Redacted]
4. Relationship to Alleged Victim: unity staff
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: Amy Solt
10. Staff's telephone number: (503) 988-8293
11. Date Report Taken by CMHP:

Alleged Victim Information (AV)

12 Name: [Redacted]
13. Gender [Redacted]
14. Date of Birt [Redacted]
15. Full Address homeless
[Redacted]
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:

- 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: [REDACTED]
 23. Gender: [REDACTED]
 24. Date of Birth: [REDACTED]
 25. Address: [REDACTED]

26. Telephone Number:

27. Relationship to AV: boyfriend

Incident Information

28. Date: [REDACTED]

29. Location:

30. Description of Incident: AV was taken into Good Sam on [REDACTED] 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 [REDACTED] 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

*ACNAT, Accidental/Natural Death being screened for possible abuse or neg

- ABUSE: Neglect
 Physical Abuse
 Sexual Abuse

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