

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: 9/13/2017

Reporting Person Information

3. Name of Reporting Person: [Redacted] via Email from ADP APS

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: 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

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

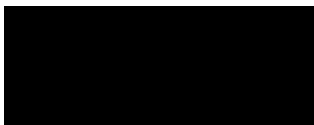
MH - Licensed Residential Treatment Ho

MH - Licensed Adult Foster Hom

x Other Other - See Database Manager

20. Provider Name

21. Site, Address, City, ST ZI



Alleged Perpetrator Information (AP)

Alleged Perpetrator (AP) #

22. Name:



23. Gender:

24. Date of Birth:

25. Address:

, CO

26. Telephone Number:

27. Relationship to AV: ex-husband

Incident Information Unknown

28. Date:

ongoing

29. Location: Colorado

30. Description of Incident:

AV reported to Unity staff that he drove from [redacted] to OR to escape a domestic violence situation with he ex husband who still lives in [redacted]. AV is homelss and is not enrolled in MH services. The DV was described as extensive and the original report came to ADP APS and was forwarded to MH APS as an FYI. Screened out as AV is not and was not enrolled in MH services in Oregon under OHP during the abuse. AP lives in [redacted] AV is currently safe as AP lives in another state and AV is at Unity Center receiving care and security.

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: