

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: 9/8/2017

**Reporting Person Information**

3. Name of Reporting Person: [Redacted]

4. Relationship to Alleged Victim: Peer Support Specialist

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: Glen LaFollette, MA

10. Staff's telephone number: (503) 988-8170

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:

MH - Licensed Residential Treatment Facil

MH - Licensed Secure Residential Treatment Faci

MH - Licensed Residential Treatment Ho

MH - Licensed Adult Foster Hom

Other Crisis Diversion

20. Provider Name

21. Site, Address, City, ST ZI

1225 NE 2nd Ave  
Portland, OR 97232

**Alleged Perpetrator Information (AP)**

**Incident Information**

28. Date:



29. Location:

unknown

30. Description of Incident:

Mental health worker at Halsey Street respite offered to let AV stay at her place. He accepted. While at her place, AP made sexual advances toward AV. When AV attempted to leave, AP threatened to hurt herself and showed AV a gun she owned. She dumped out the belongings from his bag when he tried to leave. AP threatened to kill herself if the police were called.

Caller states AV expressed thoughts of self harm, and showed her pills he had in his possession. AV declined to go to Unity. Caller told him about Oregon Warm Line. AV has caller's phone number as well as caller's co-worker's number for support. Caller states AV is distressed about being homeless. When AV left caller, he was not actively talking about self harm, was excited about a new job, and was going to meet his wife. Caller states AV knows that Unity is open 24-hrs and AV is familiar with the center.

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: