

# HURT FEELINGS REPORT

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 7 ca a UbXUhcZ<-6`A7 @  
**PRINCIPAL PURPOSE:** To assist whiners in documenting hurt feelings, and to provide leaders with a list of { ^{ à^!s who require additional counseling, leadership, and extra duty.  
**ROUTINE USES:** For subordinate leader development . Leaders & whiners should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary

### PART I – ADMINISTRATIVE DATA

A. WHINER'S NAME ( <i>Last, First, MI</i> )	B. OFFICE	C. MEMBER NUMBER	D. DATE OF REPORT
E. ORGANIZATION		F. NAME & TITLE OF THE PERSON FILLING OUT THIS FORM	

### PART II – INCIDENT REPORT

A. DATE FEELINGS WERE HURT	B. TIME OF HURTFULNESS	C. LOCATION OF HURTFUL INCIDENT	D. Person SYMPATHETIC TO WHINER
E. NAME OF REAL MAN/WOMAN WHO HURT YOUR SENSITIVE FEELINGS		F. RANK/GRADE	G. ORGANIZATION ( <i>if different from 1e above</i> )

### E. INJURY (*Mark all that apply*)

1. WHICH EAR WERE THE WORDS OF HURTFULNESS SPOKEN INTO? <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH	2. IS THERE PERMANENT FEELING DAMAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE
3. DID YOU REQUIRE A "TISSUE" FOR TEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MULTIPLE _____	4. HAS THIS RESULTED IN A TRAUMATIC BRAIN INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE

### F. REASON FOR FILING THIS REPORT (*Mark all that apply*)

<input type="checkbox"/> I am thin skinned	<input type="checkbox"/> The HIB MCL needs to fix my problems	<input type="checkbox"/> Two beers is not enough
<input type="checkbox"/> I am a wimp	<input type="checkbox"/> My feelings are easily hurt	<input type="checkbox"/> My hands should be in my pockets
<input type="checkbox"/> I have woman/man-like hormones	<input type="checkbox"/> I didn't sign up for this	<input type="checkbox"/> I was not offered SYMPATHY
<input type="checkbox"/> I am a crybaby	<input type="checkbox"/> I was told that I am not a hero	<input type="checkbox"/> Someone requested SYMPATHY
<input type="checkbox"/> I want my mommy	<input type="checkbox"/> The weather is to cold	<input type="checkbox"/> All of the above and more

### G. NARRATIVE (*Tell us in your own sissy words how your feelings were hurt.*)

### PART III - AUTHENTICATION

a. PRINTED NAME OF REAL MAN/WOMAN	b. SIGNATURE	c. PRINTED NAME OF WHINER	d. SIGNATURE
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We, as the HIB MCL , take hurt feelings seriously. If you don't have someone who can give you a hug and make things all better, please let us know and we will promptly dispatch a "hugger" to you ASAP. In the event we are unable to find a "hugger" we will notify the fire department and request that they send fire personnel to your location. If you are in need of supplemental support, upon written request, we will make every reasonable effort to provide you with a "blankey", a "binky" and/or a bottle if you so desire.