

HURT FEELINGS REPORT

For use of this form, refer to WM 22-102

DATA REQUIRED BY THE PRIVACY ACT OF 1974 AUTHORITY: 5 USC 301, USC 3013, Secretary of E.O. 9397
PRINCIPAL PURPOSE: To assist whiners in the documentation and reporting of hurt feelings, and to provide leaders with a list of personnel who require may additional counseling or other discipline.

DISCLOSURE: Disclosure is voluntary, but repeated disclosure may require that a AW Form 779-1A be filed.

PART I – ADMINISTRATIVE DATA			
A. WHINER'S NAME (<i>Last, First, MI</i>)	B. DEPARTMENT	C. LAST DIGIT OF SSN	D. DATE OF REPORT
PART II – INCIDENT REPORT			
A. DATE FEELINGS WERE HURT	B. LOCATION OF HURTFULLNESS	C. CO-WORKER SYMPATHETIC TO WHINER	
D. NAME OF REAL MAN OR WOMAN WHO HURT YOUR SENSITIVE FEELINGS		E. DEPARTMENT (<i>I.E. MATH, ENGLISH, ETC</i>)	
PART III – INJURY (<i>Mark all that apply</i>)			
1. WHICH EAR WERE THE HURTFUL WORDS SPOKEN INTO? <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH		2. DO YOU THINK THERE IS PERMANENT TISSUE DAMAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE	
3. WAS A "TISSUE" OFFERED FOR YOUR TEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAS TOLD TO USE MY SLEEVE		4. WAS YOUR VALUE AS A PERSON AFFIRMED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAS TOLD TO STOP SNIVELLING	
PART IV – REASON FOR FILING THIS REPORT (<i>Mark all that apply</i>)			
<input type="checkbox"/> I am thin skinned	<input type="checkbox"/> My feelings are easily hurt	<input type="checkbox"/> I didn't sign up for this	
<input type="checkbox"/> I am a wimp	<input type="checkbox"/> I want my mommy	<input type="checkbox"/> I was told I'll never be a hero	
<input type="checkbox"/> I am a crybaby	<input type="checkbox"/> It's too cold	<input type="checkbox"/> It's too hot	
<input type="checkbox"/> My panties are wadded up	<input type="checkbox"/> I didn't get a hug	<input type="checkbox"/> Other (fill in narrative below)	
PART V – NARRATIVE (<i>Explain in your own sissy words how your feelings were hurt</i>)			
PART V – ACTION TAKEN			
<input type="checkbox"/> IGNORED <input type="checkbox"/> PROMOTED REAL MAN OR WOMAN WHO HURT WHINER'S FEELINGS			
<input type="checkbox"/> LAUGHED AT <input type="checkbox"/> DEMOTED WHINER FOR FILING REPORT <input type="checkbox"/> TOLD WHINER TO OPEN A CAN OF MAN			