

# 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.

<b>PART I – ADMINISTRATIVE DATA</b>			
A. WHINER'S NAME ( <i>Last, First, MI</i> )	B. DEPARTMENT	C. LAST DIGIT OF SSN	D. DATE OF REPORT
<b>PART II – INCIDENT REPORT</b>			
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> )
<b>PART III – INJURY (<i>Mark all that apply</i>)</b>			
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	
<b>PART IV – REASON FOR FILING THIS REPORT (<i>Mark all that apply</i>)</b>			
<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)	
<b>PART V – NARRATIVE (<i>Explain in your own sissy words how your feelings were hurt</i>)</b>			
<b>PART V – ACTION TAKEN</b>			
<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	