

HURT FEELINGS REPORT

To use this form, it must be physically placed in the hands of any Law Enforcement Officer

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: S USC 301, Departmental Regulation, 10 USC 3013 and a log of other regulations too
PRINCIPAL PURPOSE: To assist whiners in documenting hurt feelings
ROUTINE USES: Whiners should use this form to seek sympathy from someone who cares
DISCLOSURE: Disclosure is voluntary, however, repeated whining may lead to your file being stamped "candy ass" or some other appropriate term

PART I - ADMINISTRATIVE DATA

A. WHINER'S NAME (Last, First, MI)	B. WHINER'S AGE	C. WHINER'S SEX	D. DATE OF REPORT
E. TYPE OF WHINE USED		F. NAME OF THE PERSON FILLING OUT THIS FORM	

PART II - INCIDENT REPORT

A. DATE FEELINGS WERE HURT	B. TIME OF HURTFULNESS	C. LOCATION OF HURTFUL COMMENTS
D. WAS ANYONE SYMPATHETIC TO WHINER (Please include paid witnesses)		E. NAME OF PERSON WHO HURT YOUR PANSY ASS FEELINGS
F. HOW LONG DID YOU WHINE	G. WHICH FEELINGS WERE HURT	

PART III - INJURY

(Circle all that apply)

1. WHICH EAR WERE THE HURTFULL WORDS SPOKEN INTO? LEFT RIGHT BOTH	2. IS THERE PERMANENT FEELING DAMAGE? YES NO MAYBE
3. DID YOU REQUIRE A "TISSUE" FOR TEARS? YES NO MULTIPLE	4. HAS THIS RESULTED IN A TRAUMATIC BRAIN INJURY? YES NO MAYBE

PART IV - REASON FOR FILING THIS REPORT

(Mark all that apply)

<input type="checkbox"/> I am thin skinned	<input type="checkbox"/> The Dept 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 a tissue
<input type="checkbox"/> I am a crybaby	<input type="checkbox"/> I was told that I am not a hero	<input type="checkbox"/> Someone requested a tissue
<input type="checkbox"/> I want my mommy	<input type="checkbox"/> The weather is too cold	<input type="checkbox"/> All of the above and more

NARRATIVE (Tell us in your own sissy words how your feelings were hurt, as if anyone cared)

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PART V - AUTHENTICATION

A. PRINTED REPORTER NAME (if you wish to be labeled too)	B. SIGNATURE (are you sure about this?)
C. PRINTED WHINER NAME (you really are going out on a limb here)	D. SIGNATURE OF WHINER (you have got to be shitting me!)

We, as the Dept, 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 a "hugger cannot be found, an EMS Team will be dispatched to soak your socks in coal oil to prevent ants from crawling up your leg and eating their way up your candy ass. If you are in need of supplemental support, upon written request, we will make every reasonable effort to provide you with a "blankie", a "binky" and/or a bottle if you so desire.