

# Hurt Feelings Report

Date of Hurtfulness: \_\_\_\_\_ One-word summary: \_\_\_\_\_

Who are you? \_\_\_\_\_ Who did it? \_\_\_\_\_

## What Caused the hurt?

|                                                              |                                                                       |
|--------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Someone yelled at me...really loud! | <input type="checkbox"/> Someone won't pass to me                     |
| <input type="checkbox"/> Someone sent a text I didn't like   | <input type="checkbox"/> Someone photoshopped a picture I didn't like |
| <input type="checkbox"/> Someone is spastic on the field     | <input type="checkbox"/> Someone is a big jerk                        |
| <input type="checkbox"/> Someone never brings post-game beer | <input type="checkbox"/> Someone won't shut up                        |
| <input type="checkbox"/> Other: _____                        |                                                                       |

Was a tissue needed for the tears?

☐ Yes ☐ No

Will you be able to get past it?

☐ Yes ☐ No

## Reason for filing the Report (check all that apply)

|                                                               |                                                            |
|---------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> I'm an idiot                         | <input type="checkbox"/> I'm better than everyone else     |
| <input type="checkbox"/> I'm a crybaby                        | <input type="checkbox"/> I'm a prude                       |
| <input type="checkbox"/> I am thin-skinned                    | <input type="checkbox"/> It cut into my beer or fun time   |
| <input type="checkbox"/> I just need to be heard              | <input type="checkbox"/> No one liked my selfies today     |
| <input type="checkbox"/> It seemed like a better idea earlier | <input type="checkbox"/> Life just isn't fair              |
| <input type="checkbox"/> I felt picked on                     | <input type="checkbox"/> I didn't get the attention I need |

## Official Use Only – Action Taken

|                                                             |                                                                  |
|-------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Committee rolled eyes              | <input type="checkbox"/> Complainant given a sippy cup           |
| <input type="checkbox"/> Complainant slapped                | <input type="checkbox"/> Complainant told to grow-up             |
| <input type="checkbox"/> Complainant told to unbunch undies | <input type="checkbox"/> Complainant told where to find sympathy |
| <input type="checkbox"/> Complainant told – 'Suck It'       | <input type="checkbox"/> Violator warned                         |