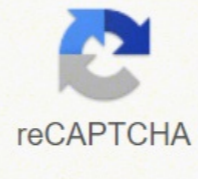




I'm not robot



Open

Date: / /

HURT FEELINGS REPORT

Time of Hurtfulness _____

A. Which part were words of hurtfulness written on? _____

B. What Topic? Threat? _____

C. Is there a permanent feeling damage? YES/NO _____

D. Did you require a tissue for the tears? YES/NO _____

REASONS FOR FILING THIS REPORT (check box)

1. I am thin skinned _____

2. I am a pussy _____

3. I have gfy like hormones _____

4. I like men _____

5. I am a little bitch _____

6. I am a cry baby _____

7. I want my mommy _____

8. My butt is easily hurt _____

9. All of the above _____

Name of "REAL MAN" who hurt your sensitive life feelings _____

We, as a calling forum, take hurt feelings very seriously. If you don't have a Mommy that can give you a hug and make it all better, please let your moderators know, and we can provide you with a surrogate Mommy. If you need them, diapers, midol and a blanky can also be supplied.

Name of Little sissy filing report: _____ On duty Moderator _____

Gtly-man signature _____

Real-man signature (person being accused) _____



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

1 USC 552, Departmental Regulations, 28 USC 552 and a lot 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 writing may lead to your file being stamped "candy ass" or some other appropriate term

PART I - ADMINISTRATIVE DATA

A. WINNER'S NAME (Last, First, MI) _____ B. WINNER'S AGE _____ C. WINNER'S SEX _____ D. DATE OF REPORT _____

E. TYPE OF WHINE USED _____ F. NAME OF THE PERSON FILLING OUT THIS BS FORM _____

PART II - INCIDENT REPORT

A. DATE FEELINGS WERE HURT _____ B. TIME OF HURTFULNESS _____ C. LOCATION OF HURTFUL COMMENTS _____ D. WAS ANYONE SYMPATHETIC TO WINNER (please include paid witnesses) _____

E. NAME OF PERSON WHO HURT YOUR PANSY ASS FEELINGS _____ F. HOW LONG DID YOU WHINE _____ G. WHICH FEELING WAS HURT _____

PART III - INJURY

(Mark all that apply)

1. WHICH EAR WERE THE WORDS OF HURTFULNESS 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

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

PART III - AUTHENTICATION

A. PRINTED YOUR NAME (if you wish to be labeled too) _____ B. SIGNATURE (are you sure about this?) _____

C. PRINTED NAME OF WINNER (you really are going out on a limb here) _____ D. SIGNATURE OF WINNER (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.

NOT AN OFFICIAL FORM

Hurt Feelings Report



Date: _____
 Time of hurtfulness: _____ am / pm

- A. Which ear were words of hurtfulness spoken into: Left or Right or Both
- B. Is there permanent feeling damage Yes No
- C. Did you need a tissue for the tears Yes No



Reasons for filing this report. Please circle Yes or No

- 1. I am thin skinned Yes
- 2. I am a pussy Yes
- 3. I have woman like hormones Yes
- 4. I am a Quaker Yes
- 5. I am a little bitch Yes
- 6. I am a cry baby Yes
- 7. I want my mommy Yes
- 8. All of the above Yes (circle this one since all most likely apply)

Name of "Real man" who hurt your sensitive little feelings: _____

If you feel that you need someone to hug go home to mommy and let her hug you and change your diaper. If you feel as though need to speak to someone to soothe you please call this number: 1-800-CRY-BABY or 1-888-SIS-GIRL.

Girly man who filed report: _____

Signature of girly man: _____

Real man (person who is being brought up on charges): _____

Signature of Real man: _____

Supervisor's Signature: _____

HURT FEELINGS REPORT

For use of this form, refer to FM 22-102
 DATA REQUIRED BY THE PRIVACY ACT OF 1974 AUTHORITY: 5 USC 552, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

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.
 DISCOURSE: Disclosure is voluntary, but reported disclosure may require that a RPT form 779-1A be filed.

PART I - ADMINISTRATIVE DATA

A. WINNER'S NAME (Last, First, MI) _____ B. DEPARTMENT _____ C. LAST DAY OF SIN _____ D. DATE OF REPORT _____

PART II - INCIDENT REPORT

A. DATE FEELINGS WERE HURT _____ B. LOCATION OF HURTFULNESS _____ C. DID WORKER SYMPATHETIC TO WINNER _____

D. NAME OF REAL MAN OR WOMAN WHO HURT YOUR SENSITIVE FEELINGS (i.e. DEPARTMENT & E. MAT# (FACILITY)) _____

PART III - INJURY (Mark all that apply)

1. WHICH EAR WERE THE HURTFUL WORDS SPOKEN INTO? LEFT RIGHT BOTH

2. DO YOU THINK YOUR PERFORMANCE/TISSUE DAMAGED? YES NO MAYBE

3. WAS A "TISSE" OFFERED FOR YOUR TEARS? YES NO MULTIPLE _____

4. WAS YOUR VALUE AS A PERSON AFFIRMED? YES NO WAS TOLD TO STOP SNIVELLING _____

PART IV - REASON FOR FILING THIS REPORT (Mark all that apply)

I am thin skinned My feelings are easily hurt I didn't sign up for this

I am a pussy I want my mommy I wish I could never be a hero

I am a little bitch I'm too sensitive I'm a Quaker

My panties are wedged up I didn't get a hug Other (Please narrative below)

PART V - NARRATIVE (Explain in your own words how your feelings were hurt)

PART VI - ACTION TAKEN

IGNORED DEMOTED REAL MAN OR WOMAN WHO HURT WINNER'S FEELINGS

LAUGHED AT DEMOTED WINNER FOR FILING REPORT TOLD WINNER TO OPEN A CAN OF MAN

FORM 779-1A (10/11) (8 previous versions are obsolete)

HURT FEELINGS REPORT
 For use of this form, see FM 22-102; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

PRINCIPAL PURPOSE: To assist whiners in documenting hurt feelings, and to provide leaders with a list of soldiers who require additional NCO leadership, and extra duty.
 DISCOURSE: Disclosure is voluntary, but reported disclosure may require that a DA Form 779-1A Report of What To What Counselor be filed.

PART I - ADMINISTRATIVE DATA

A. WINNER'S NAME (Last, First, MI) _____ B. RANK/GRADE _____ C. SOCIAL SECURITY NUMBER _____ D. DATE OF REPORT _____

E. LOCATION _____ F. NAME & TITLE OF THE PERSON FILING OUT THIS FORM _____

PART II - INCIDENT REPORT

A. FEELINGS WERE HURT _____ B. TIME OF HURTFULNESS _____ C. LOCATION OF HURTFUL INCIDENT _____ D. NCO OR OFFICER SYMPATHETIC TO _____

E. NAME OF REAL MAN/WOMAN WHO HURT YOUR SENSITIVE FEELINGS _____ F. RANK/GRADE _____ G. ORGANIZATION (if different from 2) _____

E. INJURY (Mark all that apply)

1. WHICH EAR WERE THE WORDS OF HURTFULNESS SPOKEN INTO? LEFT RIGHT BOTH

2. IS THERE PERMANENT FEELING DAMAGE? YES NO MAYBE

3. DO YOU REQUIRE A "TISSE" FOR TEARS? YES NO MULTIPLE _____

4. HAS THIS RESULTED IN A TRAUMATIC BRAIN INJURY? YES NO MAYBE

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

I am thin skinned I didn't sign up for this I want my mommy

WHAT'S THIS? **IT'S THAT DANG SGT MURPHY BEING A COMEDIAN AND I HAD A LEGITIMATE COMPLAINT TOO!**

Canadian army hurt feelings report. Army hurt feelings report word doc.

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