

FORM #HFR:19 Hurt Feelings Report

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 may require additional counselling 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 (Last, First, MI)	B. DEPARTMENT	C. LAST DIGIT OF SSN	D. DATE OF REPORT
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PART II – INCIDENT REPORT

A. DATE FEELINGS WERE HURT	B. LOCATION OF HURTFULLNESS	C. CO-WORKER SYMPATHETIC TO WHINER
D. NAME OF NON-WHINER WHO HURT YOUR FEELINGS		

PART III – INJURY (Mark all that apply)

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 (Mark all that apply)

<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 undies are wadded up	<input type="checkbox"/> I didn’t get a hug	<input type="checkbox"/> Other (fill in narrative below)

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

PART V – ACTION TAKEN

<input type="checkbox"/> IGNORED	<input type="checkbox"/> PROMOTED NON-WHINER 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 SHUT IT