

HURT FEELINGS REPORT

For the use of this form, the proponent Department is DILLIGAF

DATA REQUIRED BY THE PRIVACY ACT OF 1988

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|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AUTHORITY: | Department Regulations, Secretary of the Real World |
| PRINCIPLE PURPOSE: | To assist whiners in documenting hurt feelings, and to provide fair and reasonable people with a list of whiners who require additional counselling, leadership dreams, and extra explanations of the real world. |
| ROUTINE USERS: | Outspoken minorities, public figures and whiners should use this form as necessary. |
| DISCLOSURE: | Disclosure is voluntary, but repeated disclosure may result in continual counselling. |

PART I – ADMINISTRATIVE DATA

| | | | |
|----------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------|
| A. WHINER'S NAME (<i>Last, First, M</i>) | B. SEX (<i>M, F, L, G, B, T, I, Q, +</i>) | C. DATE OF BIRTH | D. DATE OF REPORT |
| E. WHINER'S EMPLOYER OR SCHOOL OR UNEMPLOYED | | F. NAME OF THE PERSON FILLING OUT THIS FORM | |

PART II – INCIDENT REPORT

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|------------------------------------------------------------|------------------------|-------------------------------------------------------|-----------------------------------------|
| A. DATE FEELINGS WERE HURT | B. TIME OF HURTFULNESS | C. LOCATION OF HURTFUL INCIDENT | D. NAME OF PERSON SYMPATHETIC TO WHINER |
| E. NAME OF REAL MAN/WPMAN WHO HURT YOUR SENSITIVE FEELINGS | | F. ORGANISATION (<i>if different from 1e above</i>) | |

PART III – INJURY (*Mark all that apply*)

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| 1. WHICH EAR WERE THE WORDS OF HURTFULNES SPOKEN INTO? <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH | 2. IS THERE PERMANENT FEELING DAMAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE |
| 3. DID YOU REQUIRE A "TISSUE" FOR TEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MULTIPLE _____ | 4. HAS THIS RESULTED IN A TRAUMATIC BRAIN INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE |

PART IV – REASONS FOR FILLING THIS REPORT (*Mark all that apply*)

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|---------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> I am thin skinned | <input type="checkbox"/> I don't need this |
| <input type="checkbox"/> I am a wimp | <input type="checkbox"/> I was told that I am not that great |
| <input type="checkbox"/> I have woman/man like hormones | <input type="checkbox"/> The weather is too cold |
| <input type="checkbox"/> I am a cry baby | <input type="checkbox"/> Six beers |
| <input type="checkbox"/> I want my mommy | <input type="checkbox"/> I was not offered free legal aid |
| <input type="checkbox"/> Help fix my problems | <input type="checkbox"/> A lawyer said I need a lawyer |
| <input type="checkbox"/> My feelings are easily hurt | <input type="checkbox"/> I need a house |
| <input type="checkbox"/> My cats are hungry | <input type="checkbox"/> All of the above and more |

PART V – NARRATIVE (*Tell us in your own sissy words how your feelings were hurt.*)

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PART V – AUTHENTICATION

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|-----------------------------------|--------------|---------------------------|------------------------|
| A. PRINTED NAME OF REAL MAN/WOMAN | B. SIGNATURE | C. PRINTED NAME OF WHINER | D. SIGNATURE OF WHINER |
|-----------------------------------|--------------|---------------------------|------------------------|

We 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 despatch a "hugger" to you ASAP. In the event we are unable to find a "hugger" we will notify Human Services and request that they send personnel to your location. If you are in need of supplemental support, upon written request, we will provide you with a "blankey" or a bottle of nice clean water from the French Alps.