

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

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist whiners in documenting hurt feelings, and to provide leaders with a list of soldiers who require additional counseling, NCO leadership, and extra duty..
ROUTINE USES: For subordinate leader development IAW FM 22-102. Leaders & whiners should use this form as necessary.
DISCLOSURE: Disclosure is voluntary, but repeated disclosure may result in a DA Form 779-1A, Report of Wall To Wall Counseling

PART I – ADMINISTRATIVE DATA

A. WHINER'S NAME (Last, First, MI)	B. RANK/GRADE	C. CITIZEN NUMBER	D. DATE OF REPORT
E. ORGANIZATION		F. NAME & TITLE OF THE PERSON FILLING OUT THIS FORM	

PART II – INCIDENT REPORT

A. DATE FEELINGS WERE HURT	B. TIME OF HURTFULNESS	C. LOCATION OF HURTFUL INCIDENT	D. NAME OF WITNESS
E. NAME OF MEAN CITIZEN WHO HURT YOU		F. RANK/GRADE	G. ORGANIZATION

E. INJURY (Mark all that apply)

1. WHICH EAR WERE THE WORDS OF HURTFULNESS 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

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

<input type="checkbox"/> I am thin skinned	<input type="checkbox"/> Auroras OP, please nerf	<input type="checkbox"/> Two beers is not enough
<input type="checkbox"/> I was rammed too hard	<input type="checkbox"/> My feelings are easily hurt	<input type="checkbox"/> My hands should be in my pockets
<input type="checkbox"/> CIG isn't holding my hand enough	<input type="checkbox"/> I didn't sign up for this	<input type="checkbox"/> I was not offered a refund
<input type="checkbox"/> I am a crybaby	<input type="checkbox"/> I was told that I am not a hero	<input type="checkbox"/> Someone requested my resignation
<input type="checkbox"/> I want my mommy	<input type="checkbox"/> Space is too cold	<input type="checkbox"/> All of the above and more

G. NARRATIVE (Tell us in your own hurt words how your feelings were hurt.)

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PART III - AUTHENTICATION

a. PRINTED NAME OF TEST OFFICER	b. SIGNATURE	c. VERDIT <input type="checkbox"/> Probably Heretic <input type="checkbox"/> Definitely Heretic	(In case of heretic, burning suggested)
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We, here at Test 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 we are unable to find a "hugger" we will notify the Feel department and request that they send feel personnel to your location. If you are in need of supplemental support, upon written request, we will make every reasonable effort to provide you with a "blankey", a "binky" and/or a bottle if you so desire.