HURT FEELINGS REPORT

DATE: ____________________________

TIME OF HURTFULNESS: ______________ AM/PM

A. Which ear were words of hurtfulness spoken into: LEFT / RIGHT / BOTH
B. Is there permanent feeling damage: YES / NO
C. 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 woman like hormones
4. I am a queer
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 little feelings: ____________________________

We, as a company, 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 supervisor know and we can provide you with a surrogate. If you need them, diapers, midol and a "blanky" can also be supplied.

Name little sissy filing report: ____________________________

Girly-man signature: ____________________________

Real-man signature: ____________________________

(person being accused)

Supervisor: ____________________________