

# 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. SOCIAL SECURITY 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. NCO OR OFFICER SYMPATHETIC TO WHINER
E. NAME OF REAL MAN/WOMAN WHO HURT YOUR SENSITIVE FEELINGS		F. RANK/GRADE	G. ORGANIZATION (if different from 1e above)

## 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"/> The Army 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 post brief
<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 post brief
<input type="checkbox"/> I want my mommy	<input type="checkbox"/> The weather is to cold	<input type="checkbox"/> All of the above and more

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

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## PART III - AUTHENTICATION

a. PRINTED NAME OF REAL MAN/WOMAN	b. SIGNATURE	c. PRINTED NAME OF WHINER	d. SIGNATURE
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We, as the Army, 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 fire department and request that they send fire 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.