

HURT FEELINGS REPORT

Date: _____

Time of Hurtfulness: _____ am/pm

A. Which ear were words of hurtfulness spoken into: Left Right or Both

B. Is there permanent feeling damage: Yes No

C. Did you need a tissue for the tears: Yes No

Reasons for filing this report: Please circle Yes or NO

- | | |
|-------------------------------|---|
| 1. I am thin skinned | Yes |
| 2. I am a wussy | Yes |
| 3. I have woman like hormones | Yes |
| 4. I like to whine | Yes |
| 5. I am a little Bitch | Yes |
| 6. I am a cry baby | Yes |
| 7. I waste my money | Yes |
| 8. All of the above | Yes (circle this one since all most likely apply) |



Name of "Real man" who hurt your sensitive little feelings: _____

If you feel you need someone to hug, go home to mommy and let her hug you and change your diaper.

If you feel as though you need to speak to someone to sooth your pleasee call this number:

1-800-CRY-BABY or 1-800-SIS-CRY.

Girl/ man who filed report: _____

Signature of girl/ man: _____

Real man (person being brought up on charges): _____

Signature of Real man: _____

Superintendent's Signature: _____