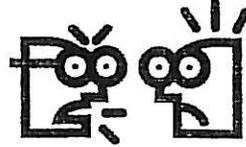


Hurt Feelings Report



Date: _____

Time of hurtfulness: _____ am / pm

A. Which ear were words of hurtfulness spoken into: Left or 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 pussy Yes
3. I have woman like hormones Yes
4. I am a Queer Yes
5. I am a little bitch Yes
6. I am a cry baby Yes
7. I want my mommy 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 that you need someone to hug go home to mommy and let her hug you and change your diaper. If you feel as though need to speak to someone to soothe you please call this number: 1-800-CRY-BABY or 1-888-SIS-GIRL

Girly man who filed report: _____

Signature of girly man: _____

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

Signature of Real man: _____

Superintendent's Signature: _____