

HURT FEELINGS REPORT

For use of this form, see OSHA 22-102.

AUTHORITY: OSHA. 9397
PRINCIPAL PURPOSE: To assist whiners in documenting hurt feelings, and to provide leaders with a list of persons who require additional counseling, leadership training or disciplinary action.
ROUTINE USES: For subordinate leader development OSHA 22-102. Leaders and whiners should use this form as necessary.
DISCLOSURE: Disclosure is voluntary, but repeated disclosure may result in a OSHA Form 779-1A, Report of Wall to Wall Counseling.

PART I – ADMINISTRATIVE DATA

A. WHINERS NAME (<i>Last, First, MI</i>)	B. POSITION	C. SOCIAL SECURITY NUMBER	D. DATE OF REPORT
E. ORGANIZATION		F. NAME AND 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. SUPERVISOR SYMPATHETIC TO WHINER
E. NAME OF REAL MAN/WOMAN WHO HURT YOUR SENSITIVE FEELINGS		F. POSITION	G. ORGANIZATION (<i>If different from 1e above</i>)

PART III – INJURY (*MARK ALL THAT APPLY*)

1. WHICH EAR WERE THE WORDS OF HURTFULNESS SPOKEN INTO? ___ LEFT ___ RIGHT ___ BOTH	2. IS THERE PERMANENT FEELING DAMAGE? ___ YES ___ NO ___ MAYBE
3. DID YOU REQUIRE A “TISSUE” FOR TEARS? ___ YES ___ NO ___ MULTIPLE _____	4. HAS THIS RESULTED IN A TRAUMATIC BRAIN INJURY? ___ YES ___ NO ___ MAYBE

PART IV - REASON FOR FILING THIS REPORT (*MARK ALL THAT APPLY*)

<input type="checkbox"/> I am thin skinned	<input type="checkbox"/> I want my mommy	<input type="checkbox"/> My daily personal agenda didn't include this
<input type="checkbox"/> I am a wimp	<input type="checkbox"/> My feelings are easily hurt	<input type="checkbox"/> I wasn't breast-fed long enough
<input type="checkbox"/> I have woman/man-like hormones	<input type="checkbox"/> I didn't sign up for this	<input type="checkbox"/> It wasn't fair
<input type="checkbox"/> I am a crybaby	<input type="checkbox"/> No one sent me a birthday card	<input type="checkbox"/> Everyone needs to fix my problems
<input type="checkbox"/> I need a hug	<input type="checkbox"/> The weather is too hot/cold	<input type="checkbox"/> All of the above and more

PART V – NARRATIVE (*Tell us in your own sissy words how your feelings were hurt*)

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PART VI - AUTHENTICATION

A. PRINTED NAME OF REAL MAN/WOMAN	B. SIGNATURE	C. PRINTED NAME OF WHINER	D. SIGNATURE
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We at OSHA take hurt feelings seriously. If you don't have someone to give you a hug and make things all better, please let us know and we will promptly dispatch a designated "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 blanket, a binky and or bottle if you so desire.