

# 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 easliy hurt \_\_\_\_\_
9. All of the above \_\_\_\_\_



Name of bitch 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: \_\_\_\_\_

bitch signature:  
(person being accused) \_\_\_\_\_

Supervisor:  
\_\_\_\_\_