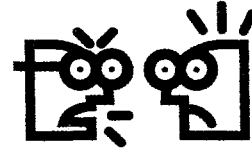


# Hurt Feelings Report



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: \_\_\_\_\_