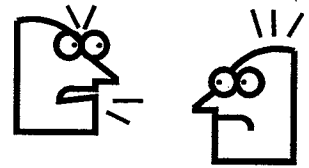


HURT FEELINGS REPORT



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 "Real Man" 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: _____

Real-man signature:
(person being accused) _____

Supervisor:
