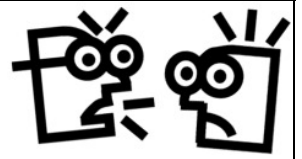


Hurt Feelings Report



Date: _____

Time of hurtfulness: _____ a.m. / p.m.

A: Which ear were words of hurtfulness spoken into? **Left, Right, 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 thinned-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 most likely all apply)

Name of the "Real Man" who hurt your sensitive little feelings: _____

If you feel that you need someone to hug, go home to mommy, let her hug you and change your diaper.

If you feel as though you need to speak to someone to soothe you, please call the following hotlines:

1-800-CRY-BABY or **1-888-SIS-GIRL**

Girly man who filed report (this is you, moron): _____

Signature of girly man (once again, you): _____

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

Signature of Real Man: _____

Superintendent's signature: _____

