

FOREIGN SERVICE HURT FEELINGS REPORT

For use of this form, please refer to the Instructions (if you can find them)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	5 USC 301, Department of State Regulations FAM 22-162; 10 USC 3013, Secretary of State & EO 9397 (SSN)
PURPOSE:	To assist emotionally immature Foreign Service Officers and Specialists to document their hurt feelings, and to provide supervisors with a list of employees who require additional counseling, retraining, or punitive assignment to a hardship post.
ROUTINE USES:	For management leadership development IAW FAM 22-102. Supervisors and employees should use this form frequently to get their way
DISCLOSURE:	Disclosure is voluntary, but repeated disclosure may result in a DS-1999-1A, Report of Wall-to-Wall Counseling

PART I – ADMINISTRATIVE DATA

A. WHINER'S NAME (LAST, FIRST, MI)	B. GRADE / STEP	C. SOCIAL SECURITY NUMBER	D. DATE OF REPORT
E. AGENCY / POST / CUBICLE		F. NAME & TITLE OF PERSON FILLING OUT THIS FORM	

PART II – INCIDENT REPORT

A. DATE FEELINGS HURT	B. TIME OF HURTFULNESS	C. LOCATION OF HURTFUL INCIDENT	D. EMPLOYEE / SUPERVISOR SYMPATHETIC TO WHINER
E. NAME OF REAL MAN / WOMAN WHO HURT YOUR WHINEY ASS.		F. GRADE / STEP	G. ORGANIZATION (IF DIFFERENT FROM I - E ABOVE)

H. NATURE OF INJURY

1. INTO WHICH EAR WERE THE HURTFUL WORDS SPOKEN? <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH <input type="checkbox"/> NEITHER OR IMAGINED	2. IS THERE PERMANENT DAMAGE TO SELF-ESTEEM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE OR NEVER REALLY HAD ANY
3. DID YOU REQUIRE A TISSUE(S) FOR YOUR PATHETIC TEARS? <input type="checkbox"/> YES, ONE <input type="checkbox"/> YES, TWO <input type="checkbox"/> YES, MULTIPLE (SPECIFY): _____	4. HAS INCIDENT RESULTED IN (Mark all that apply): <input type="checkbox"/> POST-TRAUMATIC STRESS DISORDER <input type="checkbox"/> TRAUMATIC BRAIN INJURY <input type="checkbox"/> BAD E.E.R. <input type="checkbox"/> IMMEDIATE PROMOTION

I. REASON(S) FOR FILING THIS REPORT (Mark all that apply)

I am a cry-baby	The Department needs to fix my problems	Two beers is not enough
I am thin-skinned	My feelings are easily hurt	My supervisor says the F-word all the time
I am a wimp	I didn't sign up for this BS	Commissary is out of French Bordeaux
I have a hormonal problem	My housing / food / air quality sucks	All of the above
I want my Mommy(s) (specify number):	My E.E.R. area for improvement says "all"	Other:

J. NARRATIVE

Tell us in your own sissy words how your precious feelings were hurt.

PART III - AUTHENTICATION

A. PRINTED NAME OF REAL MAN / WOMAN	B. SIGNATURE	C. PRINTED NAME OF WHINER	D. SIGNATURE
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The Department of State takes the Hurt Feelings of Sissy Whiners like you very seriously. Whiners are entitled under FAM 22-162 to receive a hug from a Real Man / Woman who can make everything all better. If no one seems to give a shit at your Post, the Department will provide a designated hugger at no cost to you. In the event that additional support is required after all necessary hugging has been dispensed, the Department will make every effort to provide the inconsolable Whiner with a government-approved "blankey," a "binky," and/or a warm bottle of FDA-approved cow's milk. (Whiners with allergy to dairy products will receive a soy milk substitute). Contact the Office of Dispensing Dependency (M / ODD) for your handout.