

## 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)

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