

HURT FEELINGS REPORT

For use of this form, see DOM 31020.7.4.7

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: DOM Chapter 3, 32010.17
PRINCIPAL PURPOSE: To assist whiners in documenting hurt feelings and to provide supervisors with a list of employees who require additional counseling, leadership and more work to keep busy.
ROUTINE USES: For subordinate supervisor development IAW DOM 32010.17.03 Supervisor Development. Supervisors & whiners should use this form as necessary.
DISCLOSURE: Disclosure is voluntary but repeated disclosure may result in CDCR Form 1369, Report of Wall to Wall Counseling.

PART I – ADMINISTRATIVE DATA

A. WHINER'S NAME (<i>Last, First MI</i>)	B. RANK/GRADE	C. EMPLOYEE / PAY NUMBER	D. RDOs
E. ASSIGNMENT (<i>Institution or Division, Section and Post</i>)		F. NAME & TITLE OF PERSON SUBMITTING THIS FORM	

PART II – INCIDENT REPORT

A. DATE FEELINGS WERE HURT	B. TIME OF HURTFULNESS	C. LOCATION OF HURTFUL INCIDENT	D. SUPERVISOR SYMPATHETIC TO WHINER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE
E. NAME OF REAL MAN/WOMAN THAT HURT YOUR SENSITIVE FEELINGS		F. RANK/GRADE	G. ASSIGNMENT (<i>If different from ie above</i>)

PART III – INJURY (*Mark all that apply*)

A. WHICH EAR WERE THE WORDS OF HURTFULNESS SPOKEN INTO? <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH	B. DO YOU BELIEVE THERE IS PERMANENT FEELING DAMAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE
C. DID YOU REQUEST A TISSUE FOR TEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MULTIPLE _____	D. HAS THIS RESULTED IN A TRAUMATIC SELF CONFIDENCE INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE

PART IV – REASON FOR FILING THIS REPORT (*Mark all that apply*)

<input type="checkbox"/> I AM THIN SKINNED	<input type="checkbox"/> CDCR NEEDS TO FIX MY PROBLEMS	<input type="checkbox"/> I LOST 10% TO ARNOLD
<input type="checkbox"/> I AM A WHIMP	<input type="checkbox"/> MY FEELINGS ARE EASILY HURT	<input type="checkbox"/> I LOST MY POST/BID
<input type="checkbox"/> I HAVE WOMAN/MAN-LIKE HORMONES	<input type="checkbox"/> I DIDN'T SIGN UP FOR THIS	<input type="checkbox"/> I HAVE 20+ YEARS IN THE DEPARTMENT
<input type="checkbox"/> I AM A CRYBABY	<input type="checkbox"/> I WAS TOLD I WAS "SPECIAL"	<input type="checkbox"/> I AM A "QUOTA" EMPLOYEE
<input type="checkbox"/> I AM AN UNDESERVING BITCH	<input type="checkbox"/> IT'S TOO HOT/COLD	<input type="checkbox"/> ALL OF THE ABOVE AND MORE

PART V – NARRATIVE (*Tell in your own sissy words how your feelings were hurt*)

PART VI - AUTHENTICATION

A. PRINTED NAME OF REAL MAN/WOMAN	B. SIGNATURE	C. PRINTED NAME OF WHINER	D. SIGNATURE
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CDCR as an organization takes hurt feelings seriously. If you don't have someone who can give you a hug and make things all better, please inform your supervisor so that we can assign a "hugger" to your case immediately. In the event we are unable to locate a suitable "hugger" we will notify the local CDCR Mental Health Department and request that they send a psychologist to assist you as soon as they are done treating all of the inmates on their case load and convincing them that they are suicidal and in need of expensive pharmaceutical medication. If you are in need of supplemental support, upon a written request we will make every reasonable effort to provide you with a "blankey", a "binky" and/or a bottle if you so desire.