

HURT FEELINGS REPORT

For use of this form, see SOP 331

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: ORDINANCE 343.12.3, Department SOP 331, NFPA 1500
PRINCIPAL PURPOSE: To assist whiners in documenting hurt feelings, and to provide leaders with a list of whiners who require additional counseling, PT, and extra duties.
ROUTINE USES: For subordinate leader development 333.1. Leaders & whiners should use this form as necessary.
DISCLOSURE: Disclosure is voluntary, but repeated disclosure may result in a station reassignment and loss of recliner privileges.

PART I – ADMINISTRATIVE DATA

A. WHINER'S NAME (<i>Last, First, MI</i>)	B. RANK	C. NAME OF STATION OFFICER	D. DATE OF REPORT
E. STATION ASSIGNMENT		F. NAME & TITLE OF THE PERSON FILLING OUT THIS FORM	

PART II – INCIDENT REPORT

A. DATE FEELINGS WERE HURT	B. TIME OF HURTFULNESS	C. LOCATION OF HURTFUL INCIDENT	D. OFFICER SYMPATHETIC TO WHINER
E. NAME OF SALTY FIREFIGHTER WHO HURT YOUR SENSITIVE FEELINGS		F. RANK	G. STATION (<i>if different from 1e above</i>)

E. INJURY (*Mark all that apply*)

1. IN WHICH EAR WERE THE WORDS OF HURTFULNESS SPOKEN? <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH	2. IS THERE PERMANENT FEELING DAMAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE
3. DID YOU REQUIRE A "TISSUE" FOR TEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MULTIPLE _____	4. HAS THIS RESULTED IN AN INJURY REQUIRING LIGHT DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE

F. REASON FOR FILING THIS REPORT (*Mark all that apply*)

<input type="checkbox"/> I am thin skinned	<input type="checkbox"/> The dept needs to fix my problems	<input type="checkbox"/> I did not like the station meal
<input type="checkbox"/> I am a wimp	<input type="checkbox"/> My feelings are easily hurt	<input type="checkbox"/> I was not thanked for my service
<input type="checkbox"/> My duty boots hurt my widdle toesies	<input type="checkbox"/> I didn't sign up for this	<input type="checkbox"/> I was not offered a cookie in rehab
<input type="checkbox"/> We did things differently in academy	<input type="checkbox"/> I was told that I am not a hero	<input type="checkbox"/> Someone requested a cookie in rehab
<input type="checkbox"/> I want my mommy	<input type="checkbox"/> The weather is too hot	<input type="checkbox"/> All of the above and more

G. NARRATIVE (*Tell us in your own sissy words how your feelings were hurt.*)

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PART III - AUTHENTICATION

a. PRINTED NAME OF SALTY FIREFIGHTER	b. SIGNATURE	c. PRINTED NAME OF WHINER	d. SIGNATURE
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This fire department is a progressive one, and we take hurt feelings seriously. If you don't have someone who can give you a hug and make things all better, please let us know and we will tone a "hugger" to you. In the event we are unable to find a "hugger" we will request mutual aid send a "hugger". If you are in need of supplemental support, upon written request, we will make every reasonable effort to provide you with a "blankey", a "binky" and/or a bottle if you so desire.