

HURT FEELINGS REPORT For use of this form, see FM 22-102; the proponent agency is TRADOC
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DATA REQUIRED BY THE PRIVACY ACT OF 1974	
1. Name	2. Address
3. Date of birth	4. Sex
5. Race	6. Religion
7. Education	8. Occupation
9. Marital status	10. Number of children
11. Date of marriage	12. Date of divorce
13. Date of death	14. Date of burial
15. Date of cremation	16. Date of interment
17. Date of funeral	18. Date of burial
19. Date of cremation	20. Date of interment
21. Date of funeral	22. Date of burial
23. Date of cremation	24. Date of interment
25. Date of funeral	26. Date of burial
27. Date of cremation	28. Date of interment
29. Date of funeral	30. Date of burial
31. Date of cremation	32. Date of interment
33. Date of funeral	34. Date of burial
35. Date of cremation	36. Date of interment
37. Date of funeral	38. Date of burial
39. Date of cremation	40. Date of interment
41. Date of funeral	42. Date of burial
43. Date of cremation	44. Date of interment
45. Date of funeral	46. Date of burial
47. Date of cremation	48. Date of interment
49. Date of funeral	50. Date of burial
51. Date of cremation	52. Date of interment
53. Date of funeral	54. Date of burial
55. Date of cremation	56. Date of interment
57. Date of funeral	58. Date of burial
59. Date of cremation	60. Date of interment
61. Date of funeral	62. Date of burial
63. Date of cremation	64. Date of interment
65. Date of funeral	66. Date of burial
67. Date of cremation	68. Date of interment
69. Date of funeral	70. Date of burial
71. Date of cremation	72. Date of interment
73. Date of funeral	74. Date of burial
75. Date of cremation	76. Date of interment
77. Date of funeral	78. Date of burial
79. Date of cremation	80. Date of interment
81. Date of funeral	82. Date of burial
83. Date of cremation	84. Date of interment
85. Date of funeral	86. Date of burial
87. Date of cremation	88. Date of interment
89. Date of funeral	90. Date of burial
91. Date of cremation	92. Date of interment
93. Date of funeral	94. Date of burial
95. Date of cremation	96. Date of interment
97. Date of funeral	98. Date of burial
99. Date of cremation	100. Date of interment

AUTHORITY:	5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE:	To assist whiners in documenting hurt feelings, and to provide leaders with a list of soldiers who require additional counseling, NCO leadership, and extra duty..
ROUTINE USES:	For subordinate leader development IAW FM 22-102. Leaders & whiners should use this form as necessary.
DISCLOSURE:	Disclosure is voluntary, but repeated disclosure may result in a DA Form 779-1A, Report of Wall To Wall Counseling

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

A. DATE FEELINGS WERE HURT	B. TIME OF HURTFULNESS	C. LOCATION OF HURTFUL INCIDENT	D. NCO OR OFFICER SYMPATHETIC TO WHINER
E. NAME OF REAL MAN/WOMAN WHO HURT YOUR SENSITIVE FEELINGS		F. RANK/GRADE	G. ORGANIZATION <i>(if different from 1e above)</i>

1. WHICH EAR WERE THE WORDS OF HURTFULNESS SPOKEN INTO? ☐ LEFT ☐ RIGHT ☐ BOTH	2. IS THERE PERMANENT FEELING DAMAGE? ☐ YES ☐ NO ☐ MAYBE
3. DID YOU REQUIRE A "TISSUE" FOR TEARS? ☐ YES ☐ NO ☐ MULTIPLE _____	4. HAS THIS RESULTED IN A TRAUMATIC BRAIN INJURY? ☐ YES ☐ NO ☐ MAYBE

	I am thin skinned		The Army needs to fix my problems		Two beers is not enough
	I am a wimp		My feelings are easily hurt		My hands should be in my pockets
	I have woman/man-like hormones		I didn't sign up for this		I was not offered a post brief
	I am a crybaby		I was told that I am not a hero		Someone requested a post brief
	I want my mommy		The weather is to cold		All of the above and more

[illegible]

a. PRINTED NAME OF REAL MAN/WOMAN	b. SIGNATURE	c. PRINTED NAME OF WHINER	d. SIGNATURE
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DA FORM IMT WF1, APRIL 2009 EDITION OF APRIL 1989 IS OBSOLETE