

HURT FEELINGS REPORT For use of this form, see CAPR 5-4; the proponent agency is CAP Professional Delvepment
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DATA REQUIRED BY THE PRIVACY ACT OF 1974	
1. Name of individual	2. Date of birth
3. Social Security Number	4. Date of death
5. Place of birth	6. Date of admission
7. Date of discharge	8. Date of death
9. Date of admission	10. Date of death
11. Date of admission	12. Date of death
13. Date of admission	14. Date of death
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91. Date of admission	92. Date of death
93. Date of admission	94. Date of death
95. Date of admission	96. Date of death
97. Date of admission	98. Date of death
99. Date of admission	100. Date of death

AUTHORITY:	5 CAPR 20-1, NHQ Regulations; Executive Secretary of CAP
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 CAPR 50-17. Leaders & whiners should use this form as necessary.
DISCLOSURE:	Disclosure is voluntary, but repeated disclosure may result in a CAP Form 2C-1A, Report of Wall To Wall Counseling

A. WHINER'S NAME (<i>Last, First, MI</i>)	B. RANK/GRADE	C. CAPID	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? <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 A TRAUMATIC BRAIN INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE

	I am thin skinned		CAP 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		The GOBs have gone too far
	I am a crybaby		I was told that I am not a hero		The unit in charge is corrupt
	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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CAP FORM WF1, APRIL 2009 EDITION OF APRIL 1989 IS OBSOLETE