

DAILY SNIVEL REPORT

Sniveler _____

Snivelee _____

Date sniveling occurred _____

Reason for sniveling _____

Was Kleenex used Yes _____ No _____

Could sniveling have been prevented? Yes _____ No _____

Have you heard this sniveling before Yes _____ No _____

Explain: _____

Corrective action recommended? _____

Corrective action taken: _____

Witness to sniveling _____

OFFICIAL USE ONLY

Rate of Sniveler:

Marginal ___ Provisional ___ Effective ___ Superior ___ Outstanding ___

Needs serious Anti-sniveling training ___

Could you find anyone who cares? Yes _____ No _____

If yes, whom? _____

Relationship with sniveler: Relative ___ Friend ___ Spouse ___ Co-worker ___