



P.K.M. COLLEGE OF EDUCATION

MADAMPAM, KAITHAPRAM P. O., KANNUR – 670 631

(Govt. Aided Teacher Education Institution affiliated to Kannur University)

Recognized by NCTE included under UGC 2(f) & 12(B) category

Accredited by NAAC with 'A' Grade, (Second cycle -4 point scale), RUSA 2.0 beneficiary

5.1.3: The institution has a transparent mechanism for timely redressal of student grievances including sexual harassment and ragging cases such as

- 1. Institution has guidelines regarding redressal mechanism approved by appropriate statutory/regulatory bodies**
- 2. Details of members of grievance redressal committees are available on the institutional website**
- 3. Awareness programmes are conducted to communicate the guidelines for redressal of student grievances to teachers and students**
- 4. Provision for students to submit grievances online/offline**
- 5. Grievance redressal committee meets on a regular basis**
- 6. Students' grievances are addressed within 7 days of receiving the complaint**

SAMPLES OF GRIEVANCE



Samples of grievance submitted offline

STUDENT GRIEVANCE FORM

Name of the Student <i>(Optional):</i>	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Batch:	
Date:	
Nature of Grievance:	<input type="checkbox"/> Administration <input type="checkbox"/> Internal Examination <input type="checkbox"/> General Facilities <input type="checkbox"/> Hostel <input type="checkbox"/> Hygiene <input type="checkbox"/> Infrastructural Facilities <input type="checkbox"/> Internship <input type="checkbox"/> Library <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sports <input checked="" type="checkbox"/> Teaching Learning <input type="checkbox"/> Any Other
Description of the Grievance:	<p>provide catteria service including lunch simple snacks etc.</p> <p>* Teachers should not interfere with the personal matters of students</p>

Supporting Document: the personal matters of students

1.
2.

Please attached any relevant documents, such as screenshots, emails, or any other evidence that supports your grievance

Declaration:

I hereby declare that the information provided above is correct. I shall be responsible for furnishing any wrong information



Date: _____ Signature of the Student (Optional) _____

For office use only

No: _____ Date of receipt of the form: _____

Brief summary of action taken: *It is decided to start/renovate cafeteria with good seating arrangements.*

Date: _____
Instructions: Please fill out the form completely and accurately. Submit the form to the College Grievance Redressal Box



PRINCIPAL
P.K.M. COLLEGE OF EDUCATION
KATHAPRAM P.O, MADAMPAM
SREEKANDAPURAM, KANNUR DT.-670631
Approved by N.C.E. (A) & U.G.C. (C) dated 12/01/2016
 E-mail: pkmcollege@rediffmail.com Website: www.pkmcollege.org

P.K.M. COLLEGE OF EDUCATION
 MADAMPAM, KATHAPRAM P.O, KANNUR - 670631
(Govt. Aided Teacher Education Institution affiliated to Kottar University)

STUDENT GRIEVANCE FORM

Name of the Student <i>(Optional):</i>	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Batch:	
Date:	
Nature of Grievance:	<input type="checkbox"/> Administration <input type="checkbox"/> Internal Examination <input type="checkbox"/> General Facilities <input type="checkbox"/> Hostel <input type="checkbox"/> Hygiene <input type="checkbox"/> Infrastructural Facilities <input type="checkbox"/> Internship <input type="checkbox"/> Library <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sports <input checked="" type="checkbox"/> Teaching Learning <input type="checkbox"/> Any Other
Description of the Grievance:	- Classification is needed for Action - Research

Supporting Document:

- 1.
- 2.

Please attached any relevant documents, such as screenshots, emails, or any other evidence that supports your grievance

Declaration:

I hereby declare that the information provided above is correct. I shall be responsible for furnishing any wrong information

Date:

Signature of the Student (Optional)

For office use only

No:

Date of receipt of the form:

Brief summary of action taken: *The coll decided to inform staff concerned & teacher concerned to solve the issue & also decided to receive feedback from teachers & students*

Date:
Instructions:
 Please fill out the form completely and accurately.
 Submit the form to the College Grievance Redressal Unit.



Signature of Grievance Redressor

P.K.M. COLLEGE OF EDUCATION
 MADAMPAM, KATHAPRAM P.O., KANNUR - 870631
 (Govt. Model Teacher Education Institution affiliated to Kerala University)

PRINCIPAL
P.K.M. COLLEGE OF EDUCATION
 KATHAPRAM P.O., MADAMPAM
 SREEKANDAPURAM, KANNUR DT. - 670631
 Accredited by NAAC with 'A' Grade, Revised to 'A++' Grade (2017)

STUDENT GRIEVANCE FORM

Name of the Student <i>(Optional):</i>	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Batch:	
Date:	
Nature of Grievance:	<input type="checkbox"/> Administration <input type="checkbox"/> Internal Examination <input type="checkbox"/> General Facilities <input type="checkbox"/> Hostel <input type="checkbox"/> Hygiene <input type="checkbox"/> Infrastructural Facilities <input type="checkbox"/> Internship <input type="checkbox"/> Library <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sports <input checked="" type="checkbox"/> Teaching Learning <input type="checkbox"/> Any Other
Description of the Grievance:	1) Duration of class time can be reduced.

Supporting Document:

- 1.
- 2.

Please attach any relevant documents, such as screenshots, emails, or any other evidence that supports your grievance

Declaration:

I hereby declare that the information provided above is correct. I shall be responsible for furnishing any wrong information

Date:

Signature of the Student (Optional)

For office use only

No:

Date of receipt of the form:

Brief summary of action taken: *The class timings were changed according to the student needs - The timings are from 9-30 am to 4-10 pm*

Date:
 Instructions:
 Please fill out the form completely and accurately.
 Submit the form to the College Grievance Redressal



[Signature]
 Signature of GRIE, Counselor

P.K.M. COLLEGE OF EDUCATION
 MADAMPAM, KAITIAPRAM P.O., KANNUR - 670631
 (Govt. Model Teacher Education Institution affiliated to Kerala Education)

[Signature]
PRINCIPAL
P.K.M. COLLEGE OF EDUCATION
KAITIAPRAM P.O., MADAMPAM
 Kannur - 670631
 E-mail: pkmce@redressal.com, pkmce@pkmce.org

2023-24

STUDENT GRIEVANCE FORM

Name of the Student <i>(Optional):</i>	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Batch:	
Date:	
Nature of Grievance:	<input type="checkbox"/> Administration <input type="checkbox"/> Internal Examination <input type="checkbox"/> General Facilities <input type="checkbox"/> Hostel <input type="checkbox"/> Hygiene <input type="checkbox"/> Infrastructural Facilities <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Library <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sports <input type="checkbox"/> Teaching Learning <input type="checkbox"/> Any Other
Description of the Grievance:	<i>There is lack of infra structure facilities.</i>

Supporting Document:

- 1.
- 2.

Please attach any relevant documents, such as screenshots, emails, or any other evidence that supports your grievance

Declaration:

I hereby declare that the information provided above is correct. I shall be responsible for furnishing any wrong information

Date:

Signature of the Student (Optional)

For office use only

No:

Date of receipt of the form:

Brief summary of action taken: *The cell has taken necessary steps to provide infrastructure facilities required in the campus*

Date:

Instructions:

Please fill out the form completely and accurately. Submit the form to the College Grievance Redressal Cell.



P.K.M. COLLEGE OF EDUCATION
 MADAMPAM, KATHAMAMPAD, KANNUR - 670521
 (Dist. Arad Teacher Education Institute of Kerala Government)

[Signature]
Signature of the Grievant

[Signature]
PRINCIPAL
P.K.M. COLLEGE OF EDUCATION
 KATHAMPAM P.O, MADAMPAM
 SREEKANDAPURAM, KANNUR-670631
 Accredited: Sreekanthapuram, Kannur | www.pkmcollege.org

STUDENT GRIEVANCE FORM

Name of the Student <i>(Optional):</i>	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Batch:	
Date:	
Nature of Grievance:	<input type="checkbox"/> Administration <input type="checkbox"/> Internal Examination <input type="checkbox"/> General Facilities <input type="checkbox"/> Hostel <input type="checkbox"/> Hygiene <input type="checkbox"/> Infrastructural Facilities <input type="checkbox"/> Internship <input type="checkbox"/> Library <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sports <input checked="" type="checkbox"/> Teaching Learning <input type="checkbox"/> Any Other
Description of the Grievance:	Lack of library books for recreation purpose and widen the creativity Wifi strength not uniform around the campus sometimes unavailable

Supporting Document:

- 1.
- 2.

Please attach any relevant documents, such as screenshots, emails, or any other evidence that supports your grievance

Declaration:

I hereby declare that the information provided above is correct. I shall be responsible for furnishing any wrong information

Date:

Signature of the Student (Optional)

For office use only

No:

Date of receipt of the form:

Brief summary of action taken:

Many articles & journals for recreational purposes were subscribed in the library. Wifi strength increased.

Date:

Instructions:

Please fill out the form completely and accurately. Submit the form to the College Grievance Redressal Cell.



P.K.M. COLLEGE OF EDUCATION

MADAMPAM, KATTAPPANA P.O., KOLLAM - 674221
 (Call: 1664 Teacher Education Institute of Kerala) Website: www.pkmcollege.edu.in

Signature of the Grievance Redressal Cell


PRINCIPAL
P.K.M. COLLEGE OF EDUCATION
KATTAPPANA P.O., MADAMPAM
 KOLLAM DISTRICT, KERALA
 (Call: 1664 Teacher Education Institute of Kerala) Website: www.pkmcollege.edu.in

STUDENT GRIEVANCE FORM

Name of the Student <i>(Optional):</i>	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Batch:	
Date:	
Nature of Grievance:	<input type="checkbox"/> Administration <input type="checkbox"/> Internal Examination <input type="checkbox"/> General Facilities <input type="checkbox"/> Hostel <input type="checkbox"/> Hygiene <input type="checkbox"/> Infrastructural Facilities <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Library <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sports <input type="checkbox"/> Teaching Learning <input type="checkbox"/> Any Other
Description of the Grievance:	<i>The learners prefer more digital resources in teaching and learning. The college should provide more training on effective use of digital resources like Samagra portal.</i>

Supporting Document:

- 1.
- 2.

Please attached any relevant documents, such as screenshots, emails, or any other evidence that supports your grievance

Declaration:

I hereby declare that the information provided above is correct. I shall be responsible for furnishing any wrong information

Date:

Signature of the Student (Optional)

For office use only

No:

Date of receipt of the first:

Brief summary of action taken:

Arranged different training workshops on digital resources.

Date: _____
I have read and verified the contents completely and accurately.
Signature of the Grievance Redressal Officer

P.K.M. COLLEGE OF EDUCATION
MADAMPAM, KATHAPRAM P.O., KANNUR - 670321
Govt. Model Teacher Education Institute affiliated to Sree Narayana College

[Signature]
Signature of P.K.M. Convener

[Signature]
PRINCIPAL
P.K.M. COLLEGE OF EDUCATION
KATHAPRAM P.O., MADAMPAM
KANNUR DISTRICT, KANNUR - 670631
Inscribed by _____
Serial No. _____

2020-21

STUDENT GRIEVANCE FORM

Name of the Student <i>(Optional):</i>	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Batch:	
Date:	
Nature of Grievance:	<input type="checkbox"/> Administration <input type="checkbox"/> Internal Examination <input type="checkbox"/> General Facilities <input type="checkbox"/> Hostel <input type="checkbox"/> Hygiene <input type="checkbox"/> Infrastructural Facilities <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Library <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sports <input type="checkbox"/> Teaching Learning <input type="checkbox"/> Any Other
Description of the Grievance:	<i>Due to the lack of availability of classes completion of 60 lesson plans is not possible</i>

Supporting Document:

- 1.
- 2.

Please attach any relevant documents, such as screenshots, emails, or any other evidence that supports your grievance

Declaration:

I hereby declare that the information provided above is correct. I shall be responsible for furnishing any wrong information

Date:

Signature of the Student (Optional)

For office use only

No:

Date of receipt of the form:

Brief summary of action taken: *Made necessary arrangements by contacting co-operative schools before the internship period completion.*

Date:
 Instructions:
 Please fill out the form and return it to the college.
 Submit the form to the college.



P.K.M. COLLEGE OF EDUCATION
 MADAMPAM, KAITHAPRAM P.O., MADAMPAM - 676221
 (An Affiliated Institute of Education of Kerala Government)

[Handwritten Signature]
 Signature of the Student

[Handwritten Signature]
PRINCIPAL
P.K.M. COLLEGE OF EDUCATION
KAITHAPRAM P.O., MADAMPAM
 MADAMPAM, KAITHAPRAM P.O., MADAMPAM - 676221
 (An Affiliated Institute of Education of Kerala Government)