

Inquiry into the Management of Child Sex Offender Information

Ms Sharon Main

CONTACT DETAILS

Phone:

Email:

Organisation Name:

Organisation Postion:

Address:

Suburb:

State:

Postcode:

Your age group:

YOUR SUBMISSION

Submission:

We need to protect our children. The public should be able to access information on who is a child sex offender.

Are you interested in appearing before the committee in person to talk about your submission?

No

FILE ATTACHMENTS

File1:

File2:

File3:

Confidentiality:

Signature:

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