

Inquiry into the Management of Child Sex Offender Information

CONTACT DETAILS

Phone:

Email:

Organisation Name:

Organisation Postion:

Address:

Suburb:

State:

Postcode:

Your age group:

YOUR SUBMISSION

Submission:

I am a victim of someone who either is or should be on this register. This person has a business which involves them working at people's homes on a daily basis. If they have children they have the right to know that their is a convicted paedophile in their midst. I wholeheartedly support Daniel's Law.

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

No

FILE ATTACHMENTS

File1:

File2:

File3:

Confidentiality:

I request the committee publish my submission, but remove my name

Signature: