

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:

Request a Public Sex Offender Register for Victoria and Australia

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: