

## **Inquiry into the Management of Child Sex Offender Information**

Ms Skye McKitterick

### **CONTACT DETAILS**

**Phone:**

**Email:**

**Organisation Name:**

**Organisation Postion:**

**Address:**

**Suburb:**

**State:**

**Postcode:**

**Your age group:**

### **YOUR SUBMISSION**

**Submission:**

Children need to be protected and families have the right to protect their children.

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

No

### **FILE ATTACHMENTS**

**File1:**

**File2:**

**File3:**

**Confidentiality:**

**Signature:**

Skye McKitterick