

Inquiry into the Management of Child Sex Offender Information

Brenda Barone

CONTACT DETAILS

Phone:

Email:

Organisation Name:

Organisation Postion:

Address:

Suburb:

State:

Postcode:

Your age group:

YOUR SUBMISSION

Submission:

My name is Brenda Barone and I was abused & if I knew my neighbour was a sex offender my abuse would never have occurred.

Without this information they are being protected.

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

No

FILE ATTACHMENTS

File1:

File2:

File3:

Confidentiality:

Signature:

Brenda Margaret Barone