

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:

Our families, our neighbours, our communities are begging for this to happen. As a victim of rape as a 15year old my greatest fear as a mother is to live in the vicinity of a paedophile.

My children need protection. I need your help to acquire this ability to provide as much protection as humanly possible.

The offenders do not need protection. They have made their choice. Help me. Help my neighbours. Help our communities. I beg you.

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

Yes

FILE ATTACHMENTS

File1:

File2:

File3:

Confidentiality:

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

Signature: