

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 grew up around a paedophile. He sexually assaulted my young male cousin. I suspect he drugged my aunty at night to assault his grandson. I was often sleeping in the next bed in the same room frozen with fear. He assaulted his other grandson who turn to drugs and committed suicide. His wife knew what he was. He died without ever being discovered by adults. I dont know how many children he hurt. [REDACTED] i hope you are burning in hell.

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: