

## 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 support a child sex offender register for the safety of our community, and the deterrent it provides in addition to any rulings for the offence.

**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:**